A Clinical Illustration OF CERTAIN PHASES OF THE RHEUMATIC DIATHESIS.

By W. B. CHEADLE, M.D., F.R.C.P.,

PHYSICIAN TO ST. MARY'S HOSPITAL, SENIOR PHYSICIAN TO THE HOSPITAL FOR SICK CHILDREN, GREAT ORMOND-STREET.

THE collection of patients in my wards at the Hospital for Sick Children at the present time affords such an excellent illustration of certain points raised in my lectures on Diseases of the Heart in Children, published in THE LANCET of Oct. 17th and 31st last, that I venture to give a brief account of them. The points in question are more especially the connexion of the slighter degrees of rheumatic arthritis and of other and less common phases of true rheumatism with organic disease of the heart and with chorea, and the influence of hereditary or constitutional tendency as a predisposing cause. The collection of patients, I may add, is a fortuitous one—a pure chance medley of cases admitted in the ordinary way without selection or design. They number in all twenty-two, and each has been examined (1) as to the occurrence in the patient of any distinct acute or subacute joint affection which could be classed as rheumatic—i.e., evidenced by swelling, stiffness, tenderness, and pain, and by the existence of subcutaneous tendinous nodules, of erythema, or other sign judged to be indicative of the rheumatic tendency; and (2) as to the occurrence of any similar manifestations in near blood-relatives. In this investigation I have had the valuable assistance of the registrar, Dr. Chaffey; and we have not been content with mere routine and general questions as to the occurrence of rheumatism or rheumatic fever, but have made minute specific detailed inquiries as to clinical symptoms, so as to verify statements and identify the affections with which the patients or their relatives might be credited. Similarly, we have not been content with a general inquiry as to whether such and such a disease was in the family, but have inquired into the medical history of the various members and relatives of the family as far as possible individually. It has been most instructive and suggestive to find how, in many instances, the original clinical history, taken in the ordinary way, has been modified by the closer examination of the further special inquiry.

In order that the significance of the following synopsis may be more readily understood, I have marked as Class A all cases in which rheumatic manifestations occurred in the patient; those in which rheumatic affection could be traced in blood-relatives of the first degree (i.e., father, mother, brothers, or sisters) as Class B; and those in which like affections occurred in relatives of the second degree only (i.e., grandfather, grandmother, uncles, aunts, or cousins) as Class C; those in which no rheumatic history of any kind could be found being left unmarked.

Synopsis of Cases.

CASE 1.—Henry S——, aged eleven. Purpura hæmorrhagica. No rheumatic affection in the patient. No rheumatic affection can be traced in any relative on either the father's or mother's side.

CASE 2.—William M——, aged five. Cerebral tumour. No rheumatic affection of any kind in the patient. No rheumatic affection in any relative on either side.

CASE 3. Classes A, B (?), C (?).—Isaac H——, aged ten. Heart disease (mitral stenosis and regurgitation, with advanced hypertrophy and dilatation). Three attacks of slight arthritis; knees, elbows, wrists, and knuckles red, painful, and stiff. The last attack occurred a fortnight ago, and was attributed to chill from sitting outside an omnibus in a cold wind. There are several subcutaneous nodules on each elbow. The boy's father died young of heart disease, from which he had suffered since childhood (probably rheumatic). The patient's aunt—the mother's sister—had chorea when a child; her mother had chronic rheumatism (not definite).

CASE 4. Charles H——, aged six. Xeroderma and eczema. No rheumatic affection in the patient. No rheumatic affection in any relative on either side.

CASE 5. Edward C——, aged seven. Late rickets. No rheumatic affection in the patient. No rheumatic affection in any relative on either side.

CASE 6. Class A.—Ernest W. M——, aged five. Chorea. For the last three weeks the fingers of both hands were swollen, tender, and stiff, so that he had difficulty in closing them; pain, stiffness, and tenderness of right knee. Over the great vessels at the base of the heart the second sound is replaced by a well-marked bruit (aortic regurgitation). No rheumatic affection in any relative on either side.

CASE 7.—Frederick H——, aged four. Empyema. No rheumatic affection in patient. No rheumatic affection in any relative on either side.

CASE 8. Class B (?).—Arthur J. P——, aged eleven. Hydatid of liver. No rheumatic affection in patient. A sister has had pain and stiffness of the joints; never laid up with it, but probably rheumatic.

CASE 9.—Walter C——, aged ten. Eczema. No rheumatic affection in patient. No rheumatic affection in any relative on either side.

CASE 10. Class C (?).—Francis W——, aged three. Infantile paralysis. No rheumatic affection in patient. Maternal grandfather and uncle had rheumatic fever (doubtful).

CASE 11. Classes B, C.—Joseph M——, aged ten. Chorea. The patient has had no attack of arthritis; no erythema. Has no affection of the heart, or any condition which could be deemed rheumatic, unless it be the chorea. But the father has had rheumatic fever; the mother's brother had rheumatic fever and chorea as a child, and heart disease, of which he died. The mother has "rheumatism," her father and mother likewise. The father's mother had "rheumatism," and his brother, but the exact nature of these affections is not with certainty ascertained.

CASE 12. Walter H——, aged seven months. Rickets. No rheumatic affection in patient. None in any relative on either side.

CASE 13. Matilda Jane S——, aged eight. Hemiplegia. No rheumatic affection in patient. The family history could not be obtained.

CASE 14. Class C (?).—Harry C——, aged nine. Acute nephritis. No rheumatic affection in the patient. The paternal grandmother had "chronic rheumatism"; the aunt on the mother's side had chorea as a child.

CASE 15. Classes A, B.—James H——, aged eight. Heart disease (mitral stenosis and regurgitation, with marked hypertrophy and dilatation). Two attacks of slight pain, stiffness, and swelling of knees and ankles; the first eighteen months ago; the heart said to have been affected then. One attack of rheumatic fever six months ago. The mother has had rheumatic fever.

CASE 16. Class B (?).—Harry B——, aged four. Bronchitis. No rheumatic affection in patient. A brother has "rheumatics," a sister "rheumatism, heart disease, and consumption." The exact nature of these affections could not be satisfactorily ascertained.

CASE 17. Class A.—Charles G——, aged ten. Chorea. Six weeks ago had slight pain, stiffness, tenderness, swelling of wrists, fingers, and knees, lasting fourteen days. Presystolic murmur and thrill. Marked erythema; raised purple blotches; urticarious wheals. No history of rheumatic affection in any relative on either side.

CASE 18. Class C.—Albert H——, aged five. Empyema. No rheumatic affection in the patient. Mother's brother had rheumatic fever and heart disease.

CASE 19. Classes A, B, C.—Ernest Q——, aged nine. Mitral disease of heart.[1] Pain and stiffness of joints off and on for the last six months. For the last four days, elbows, knees, and ankles stiff and tender. The patient's sister is now in Victoria ward of this hospital with acute rheumatism and heart disease. The father's sister has had rheumatic fever; the mother's father had rheumatic fever.

[1] This patient has since developed chorea in hospital.

CASE 20. Class C.—William J——, aged four. Rickets; otorrhœa. No history of rheumatism in patient. Mother's mother had rheumatic fever.

CASE 21. Classes A, C.—Rose W——, aged eight. Chorea. Mitral disease of heart, hypertrophy, and dilatation. Subacute rheumatism six weeks ago. Ankles, knees, and wrists red, stiff, swollen, and tender; nodules on the elbows. The mother's sister had rheumatic fever.

CASE 22. Class A.—George W——, aged six. Mitral disease of heart (systolic and presystolic murmurs, and some dilatation). No joint affection. Subcutaneous nodules on both elbows and both knees. No history of rheumatic affection in any member of the family on either side.

It will be seen that in the whole 22 cases there are 4 of organic heart disease and 4 of chorea, the remaining 14 being made up of very varied forms of children's diseases. Now, of the 4 cases of heart-disease all are included in Class A, and 3 out of the 4 cases of chorea; but no case of any other disease out of the remaining 14. In Class B are included 2 of these 4 cases of heart-disease and the remaining case of chorea; also probably, but not certainly, the case of bronchitis, and that of hydatid of the liver—i.e., 2 out of the 14 heterogeneous cases. In Class C come also 2 of the 4 cases of heart affection, 2 of the 4 cases of chorea, while of the 14 heterogeneous cases only one case of empyema, with probably, but not certainly, the case of infantile paralysis and that of acute nephritis. Moreover, it will be seen that 1 case of heart disease appears in all three classes; another in Class A, and probably in Classes B and C also; and a third in Classes A and B. Again, 1 case of chorea appears in both Classes A and B, and 1 in both Classes A and C. Not one of the 14 heterogeneous cases occurs in Class A at all, and, including even doubtful cases, 2 only in Class B and 2 in Class C, but not one in the two Classes B and C together. In other words, in all 4 cases of organic disease of the heart, and in 3 out of 4 cases of chorea, there is a certain history of rheumatic affection in the patient. In one of these cases of heart disease there is, in addition to personal rheumatism, evidence of rheumatic affection in blood-relatives of both first and second degree; in another, in addition to personal rheumatism, probably in relatives of both first and second degree also; and in a third, again in relatives of the first degree, in addition to personal rheumatism. In two of the cases of chorea, in addition to the rheumatism in the patient, there is evidence of rheumatic affections in blood-relatives, in one case of the first and in another of the second degree; while the case of chorea, in which there is no evidence of any rheumatism in the individual, there is double history of rheumatic affection in blood-relatives of the first and second degree. The contrast between these cases of heart disease and of chorea and the remaining cases in respect to rheumatic connexion is most striking. In not a single instance could any phase of rheumatism be traced in the individuals themselves; in two instances only, including even doubtful cases, in blood-relatives of the first degree; in two more in blood-relatives of the second degree; but in none was there evidence of rheumatic taint in relatives of both the first and second degree together. It is not to be inferred that the incidence of the rheumatic connexion exhibited in the present tenants of the wards is exactly representative. The proportion in chorea, for example, is beyond the average, and the frequency of rheumatic taint in the general cases is probably somewhat below it. The picture is too small, but as far as it goes it is accurate and true; the general lesson it teaches is trustworthy, and is, I think, very striking and suggestive.

ROYAL ALBERT ASYLUM, LANCASTER.—On Feb. 26th Lord Winmarleigh, Chairman of the Central Committee, presented certificates of proficiency in "first aid to the injured," awarded by the St. John Ambulance Association, to thirty-three of the officers, attendants, and nurses of the asylum. His lordship drew attention to the extent and value of the work of the Association, and expressed gratification that the scheme of instruction, which had proved so serviceable in many centres of industry, had been utilised, through the lectures of Dr. Shuttleworth, the medical superintendent, as a means of improving the qualifications of those on whom devolved the personal care of the afflicted inmates. It may be mentioned that no less than sixty-seven of the institution staff joined the classes for instruction and thirty-four entered for examination.

Clinical Lecture
ON
CATARACT.

Delivered at the Eye Infirmary, Newcastle-on-Tyne.

BY C. S. JEAFFRESON, F.R.C.S. ED.,
SURGEON TO THE INFIRMARY.

(*Continued from p. 388.*)

HAVING spoken of the symptoms of cataract as they present themselves in elderly persons, let us say a few words upon those attending lamellar and some other forms of congenital cataract which are usually first noticed in children and young persons. Lamellar or laminar cataract not infrequently occurs in children of impaired constitutional vigour. In not a few cases a history of inherited specific taint may be obtained, and not infrequently the subjects of them are liable to convulsive attacks in infancy. There may be evidence of changes in the nervous centres, with amblyopia and nystagmus. If the cataract is not marked and giving rise to unmistakable objective symptoms, its existence is usually overlooked till the time of life arrives when children commence to use their vision for amusement or educational purposes. It is then noticed that the child has difficulty in seeing as clearly as his fellows. He not infrequently stumbles over things in broad daylight, and at dusk his vision improves. Small objects he wishes to look at he places close to his eyes like a myopic person, and the complaint usually made by the parents is that he is very short-sighted. Sometimes objects are placed laterally to get a clearer view of them. The explanation of all these symptoms is simple. It is clear that when the pupil dilates at night a larger piece of the lens is uncovered, and some of the transparent margin being uncovered allows a clearer view of objects to be observed. The patient puts objects nearer to him because he sees them under a larger angle, and holding them laterally enables the rays to pass through the marginal and clear parts of the lens. Although when the pupil is contracted it is not always easy to recognise this form of cataract with the naked eye in ordinary daylight, owing to a transparent layer of the lens intervening between the cataractous portion and the observer, oblique illumination with dilatation of the pupil immediately reveals the true state of matters. I need not tell you that the symptoms will vary in intensity in accordance with the amount of lens structure which is affected, and its density and both these circumstances are liable to very great variation. Some patients manage to struggle through life with the affection when it is slight and stationary. In others some operative treatment soon becomes necessary. I fear, however, that the time at my command will scarcely enable me to deal with these to-day.

Now, gentlemen, I will pass rapidly in review the different methods of treatment cataract necessitates. I need not tell you that it is a malady which admits of no medical treatment. Changes in the transparency of the lens once effected, its original condition is never restored. I must make an exception to this rule in the case of diabetic cataract, if certain cases which have been reported lately are correct. It is possible for very considerable degrees of opacity to clear away and vision to be restored. Personally, I have seen many cases of diabetic cataract in all stages, and I never have seen any such changes as those to which I refer, even when the elimination of sugar had been almost completely checked. I have always found the lens unchanged, and I confess to a certain amount of incredulity, although I cannot pass the matter over. I am inclined to think, in some of these cases at least, that a mistake has occurred. In diabetes scotomata frequently occur, producing great amblyopia, and if in conjunction with these symptoms the greenish reflex from the lens which is so frequent in age and some other conditions were present, a mistaken diagnosis of cataract might easily be made by an inexperienced person unassisted by oblique illumination or the ophthalmoscope. Then, if the scotoma cleared away and vision were restored, an impression that the lens had regained its transparency

would be produced. Of course proper medical treatment in a general way is useful in many cases of cataract. It is a disease of degeneration, and not infrequently there is evidence of some flaw or crack in the constitution, proper attention to which may delay the advance of the malady. Not a few suffer from albuminuria, atheromatous degeneration of the vessels, or gout, and it is well in all cases to institute a careful examination of the urine, the heart, and the great vessels. You may discard, too, all the nostra which savour of quackery, in the shape of the local use of ammoniacal solutions, phosphorised oil, and electricity; they are absolutely of no avail. When the cataract is already considerably advanced, and in nuclear cataract sometimes at a comparatively early stage, artificial mydriasis induced by atropine is often of service in improving sight, but it should be used with caution, and not without first having ascertained that no glaucomatous tendencies exist. Half a grain of sulphate of atropia dissolved in one ounce of water is usually quite sufficiently strong, or you may use the hydrobromate of homatropia in the form of one grain to the ounce. Its effect is not so prolonged as atropine, and it requires to be more frequently applied; but it is less likely to induce glaucomatous affection, though not absolutely free from this danger. Having fulfilled these temporary indications, we must be patient and wait till the time comes for operative treatment.

What is the proper time for surgical treatment? That is a question which has been debated for years without being satisfactorily answered, and indeed it is a question which is not open to any categorical reply. An infinite number of circumstances must influence it in each individual case. In most cases it is advisable to wait till the cataract is what we call mature. That occurs when the whole of the lens matter has become degenerated. The lens then lies like a ripe fruit in its capsule; it is not absolutely loose, but its connexion with the capsule is materially loosened, and when the latter is ruptured the whole lens escapes, leaving no cortical matter behind. How can we judge if a cataract has arrived at maturity? If by oblique illumination we get no shadow of the iris upon the lens, and with the mirror there is no red reflex from the fundus, we may feel pretty certain that the cataract is mature. Now there are many cases in which this condition of maturity is most tardy in occurring; a degree of opacity is reached which prevents all useful occupation being followed with comfort. In these cases the surgeon is often importuned to operate by the patient, and has himself a strong desire in that direction, but is restrained by the knowledge of the comparative difficulties and imperfect results which occur after operations upon immature lenses. Many devices have been sought to produce an artificial maturation of the cataracts and thus diminish the painful period of suspense in which these patients are kept. Massage of the globe has been much vaunted. It may be performed alone, or a primary iridectomy may first be performed and the massage applied direct to the lens by stroking it with a blunt instrument. This operation requires much care and delicacy in its performance, as there is danger of detaching the lens from its zonula. An iridectomy alone is very efficacious sometimes. I have very frequently adopted it with advantage, and it has this to recommend it, that it facilitates the steps of the subsequent extraction when it becomes necessary, although many patients object to it because it makes two operations necessary instead of one. Puncturing the lens is another method of producing artificial maturation, but it is not unattended with danger, and is not always so successful as one would *à priori* suppose. In nuclear and cortico-nuclear cataracts the sclerosis of the lens fibres renders them inapt to imbibe the aqueous humour. We see this sometimes where an attempt has been made to perform the old operation of couching, and after some forms of accident, when the lens may be seen to lie for years in the anterior chamber without undergoing any alteration.

As a cataract may be immature, so also it may become if left to itself hyper-mature. This is a condition which is also less favourable for operation. The lens becomes small and contracted, it may even become loose in its capsule, its ligamentous attachments become less firm, and there is danger of detachment; the iris is more sluggish and less elastic, and the lens has difficulty in passing through it; the vitreous becomes softened, and altogether the immediate dangers of an operation are much greater than when the lens is immature. Hyper-mature cataracts are not infrequently seen in patients coming from distant country districts. They are the outcome of a popular and widespread fallacy—for which, I regret to say, the profession are in no small degree responsible—that in cataractous patients no operation should be performed until the patient is practically blind. The degree of blindness is not always in direct proportion to the maturity of the cataract. Some persons with mature cataracts can see fairly well; nevertheless, they should be operated upon, and any delay after that period gives opportunities for regressive changes to develop themselves.

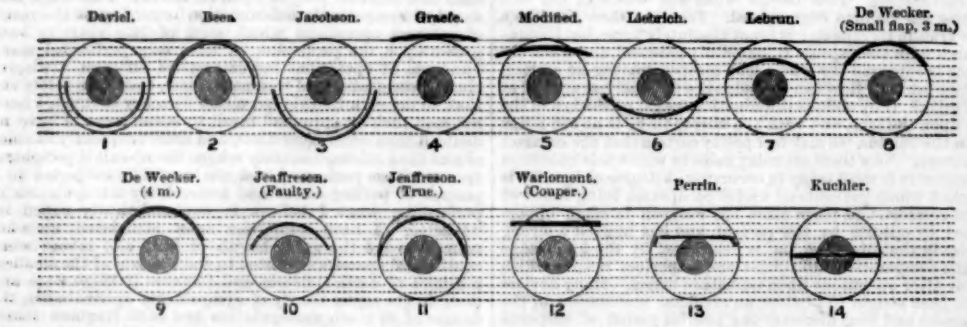
What rule should we adopt with regard to operations in cases of persons suffering from monocular cataract, or in those in which the cataract is very unequally developed in each eye? In cases of monocular cataract, the result of disease or traumatism, I usually explain the circumstances of the case to the patient, pointing out the advantages he may gain in the event of success from the assistance of the operated eye in binocular vision, its cosmetic advantages, and the chances, remote though they may be, of accident or disease some day affecting the good eye at a time when, from disuse and regressive changes having set in, an operation upon the other would be too late to be attended with the same measure of success, if any. When both eyes are cataractous, but one in advance of the other, I always advise and urge an operation to be performed when the first lens arrives at maturity. The infinitely small risk of sympathetic ophthalmitis developing in the unoperated eye is not, to my mind, worth taking into consideration; at all events, it in no way counterbalances the advantages of the proceeding, which when successful saves the patient from being withdrawn for any lengthy period from occupations which may have great importance for him. But, gentlemen, as I said before, in all these matters no hard and fast line can be laid down; each case must be judged upon its merits. I have not that dread of sympathetic inflammation occurring as the result of cataract operations which seem of late years to have grown upon the profession. I have now performed many hundreds of operations for cataract of different kinds, including congenital and traumatic cases, and I can safely say that, to my own knowledge, either direct or indirect, I have not seen such an untoward result to occur once. I have no doubt it does occur sometimes, and more frequently in some clinics than others,—notably where the so-called peripheral operations are performed, and the wound is subjected to a process of pulling about and unnecessary manipulation in performing what I believe is euphemistically called its "toilette." I have sometimes been astonished at what seemed to me the great length of time and labour some continental operators devoted to the removal of the smallest particles of cortical débris, and felt that if there were any truth in the septic theory of sympathetic ophthalmitis, the danger of so much manipulation and such frequent introduction of instruments within the eyeball must be much greater than that of leaving small pieces of cortex untouched. But I shall refer to this matter again.

Now, gentlemen, having made up your mind that an operation is necessary, what method are you to choose? Perhaps no operative procedure in the whole range of surgery offers such an *embarras de richesse* as that of removing a cataract. The cornea, corneo-scleral junction, and sclerotic margin have been divided in almost every conceivable direction and extent by instruments of innumerable shape and form. The names of inventors of cataract operations and cataract instruments would, I verily believe, fill a column of *The Times* newspaper, and some of these inventors, I am uncharitable enough to think, would be well pleased to see such a list in print. There is, at all events, one satisfaction in all this: there is no scope left for any inventors in the future, and the mental energies of the succeeding race of practitioners cannot be better employed than in coming to a conclusion as to which is the best, or of sifting the wheat from the chaff, as far as all the different operations are concerned. All this diversity of opinion upon cataract operation can by careful analysis be reduced within certain limits. We may roughly arrange cataract operations into three principal divisions:—1. Operations without incision: displacement; solution or discission. 2. Operations with incision and laceration of capsule: flap; linear; median. 3. Operations with incision without lacerating the capsule: flap; linear. In the first class we may say that displacement is now obsolete, and discission is reserved for rare cases. The second class contains all those groups of operation which are usually performed for the extraction of senile cataract. The third class, containing the operation for the removal of the cataract within its capsule, is not much practised

in this country, although everyone must occasionally perform it. Within certain limits every surgeon should follow the method in which he feels confidence, or in which personal experience has given him peculiar facilities of execution. The performance of a cataract operation is to the surgeon what the execution of a difficult and intricate piece of music is to a musician. It looks simple, but it requires a certain amount of muscular and mental co-ordination. If the musician were frequently performing his difficult piece in one key, and were suddenly asked to play it in another, he would probably fail, or at all events would succeed indifferently. So a change in performing a cataract is usually at first attended with some indifferent success, and operators should not rashly change their mode of procedure unless they are sure that the change is for the better.

There are certain fundamental principles which should guide us in the choice of a cataract operation. 1. That the lens should have an easy and free delivery. 2. That the wound should be in a favourable place for apposition of its edges. 3. That the wound should lie in structures which best resist traumatic influences. 4. That the optical properties of the cornea should be as little interfered with as possible. 5. That no unnecessary mutilation should be practised upon the organ of vision.

Now, gentlemen, I have placed upon a diagram fourteen different plans of sections which have been adopted by various operators. (See illustration.) Time, I fear, will not allow me to enter at length upon all the points connected with them, but I will briefly examine their bearings as regards the principles I have laid down. We shall find that, as in other things so with cataract operations, we cannot attain



an ideal standard of perfection. Every operation violates one or more of these principles in a greater or less degree. The selection of an operation is a question of carefully balancing its advantages and disadvantages and applying it to the individual case upon which we are going to operate. A careful operator will therefore occasionally modify his procedure according to circumstances, and exercise a certain amount of eclecticism.

For nearly a century Daviel's operation was the classic operation for extraction. It occupied the inferior half of the corneal circumference and lay well within the cornea; it was subsequently modified by Beer, who removed the incision to the upper segment and brought it close to the sclero-corneal margin; as such it is now usually known as the "flap operation." Now, there can be no question that the merits of this operation are very great indeed. Personally I performed it for very many years after others had abandoned it. Ultimately I was induced to give it up; I did so with difficulty and regret; it was my first love, and, like all first loves, occupies a reverential place in my memory and my affections. Its merits are that it is easy of performance and can be done without an assistant—a matter in country practice of great importance. (An assistant who is not trained to a surgeon is worse than useless to him). It gives ample room for the escape of the lens, does not interfere with the pupil, and leaves an eye, when successfully performed, which leaves nothing to be desired as far as cosmetic conditions are concerned, and with regard to optical conditions may be said to be perfect. Now, what are its alleged disadvantages? Suppuration of the cornea, prolapse of the iris, loss of vitreous, iritis, tedious healing, and subsequent astigmatism from alterations of the curvature of the cornea. These accidents do occasionally occur after this operation; but, as you will see, they are dangers which are in a greater or less degree incident upon all cataract operations; and it is to obviate or minimise the one or the other that so many different operations have been introduced. Suppuration of the cornea is unquestionably the most prominent of its disadvantages. A large area of the cornea is cut off from its base of nutrition, and is apt in consequence to suppurate and necrose rapidly. Now, personally, I did not find this occurrence was so frequent as many other operators had done; it did not exceed 7 per cent. in close upon 400 cases. But on the Continent and in some of our large cities, where the constitutional conditions of patients are either below par or perverted by over-stimulation and excesses of all kind, no doubt the percentage would be much higher in the most skilful hands. Skill in operating has but little bearing upon the question; it is a question more of hygiene, both personal and as regards surroundings after the operation. The introduction of antiseptics into ophthalmic surgery—or perhaps I should rather say of the care and cleanliness which the antiseptic system necessitates—has done much to reduce the dangers of suppuration. Still there are risks in a large clinic over which it is absolutely impossible the surgeon can exert his immediate and constant control, and there always will be in this, as in other operations, a higher percentage of cases of failure in hospital than in private practice.

Another objection which with me was of considerable influence was the difficulty in some cases of keeping the flap in apposition. Occasionally the cornea was found thin or had lost its elasticity, and wrinkled easily. The movements of the lid would turn the flap back upon itself, and even after the most careful dressing this would sometimes occur, favouring suppuration and leading to hernia of the iris. Loss of vitreous is a complication which I think is a little more liable to occur, owing to the size of the wound and the consequent weakening of the support of the zonula. On the other hand, the free exit of the lens necessitates but little after-manipulation, which is not an infrequent cause of escape in some more modern operations. In properly selected cases I am still inclined to think that this operation is one which in its entirety is still deserving of a place. In France, which is the country of its birth, it still has staunch and able advocates. Holding these views, you may ask, Why have I abandoned it? When I commenced ophthalmic work fifteen or sixteen years ago, I had to practise at considerable disadvantages. The inconveniences and sanitary defects of our hospital were very great; we had no skilled nursing; and many of the patients could only remain a few days under our care, and had to journey long distances to their homes, where they often remained considerable periods without being seen. For patients so situated I came to the conclusion that flap extraction was not the best operation. I have still occasionally performed it in private cases, and now that I have a well-appointed and perfect hospital, with skilled nursing at my command, I should feel disposed to give it again a more extended trial in properly selected cases, but, as you will see by and bye, the latest development of peripheral extraction approaches so closely to it that I should have to do little more than change the knife with which I operate.

The feeling of dissatisfaction with the flap operation led

to the development of the so-called linear extraction. This operation, which originated with Messrs. Bowman and Critchett, was performed with a large triangular knife resembling a keratome, which was introduced perpendicularly with the sclero-corneal junction and pushed home. The base of the knife was large enough to make a wound through which, after the capsule had been lacerated, the lens could be extracted by means of a scoop or small spoon. In this way the formation of a flap was avoided and the dangers of suppuration much diminished, but the bruising of the iris and the frequent introduction of instruments into the anterior chamber were the cause of frequent iritis and irido-choroiditis. I will not dwell further upon this operation. I am not aware that anyone practises it in the present day except under special circumstances—for instance, in soft cataracts occurring in early life. Occasionally I make use of it under these circumstances, but instead of making the section upwards I generally make it on the nasal side of the cornea.

(To be concluded.)

A FURTHER CONTRIBUTION ON

CYCLIC ALBUMINURIA;

WITH OBSERVATIONS ON THE EFFECT OF VARIOUS CONDITIONS UPON THE DIURNAL APPEARANCE OF ALBUMEN.

BY F. W. PAVY, M.D., F.R.S.

I DREW attention at the Cardiff meeting of the British Medical Association to a form of albuminuria which occurs in persons otherwise presenting an appearance of being in a healthy state. Cases were narrated which showed that a diurnal variation of a more or less regular nature was to be noticed in the condition of the urine, and that what was observed one day was repeated with more or less closeness day after day for weeks, months, and even years. On account of the existence of this character I applied the term "cyclic" to the class of case under consideration, and in its vindication the following remarks may be offered. In reality, the term simply expresses a fact observed in connexion with the case. Necessarily there must be some determining cause for every round of events, whether it is apparent to us or not, and in the instance before us, whatever the explanation, whether from an influence arising within or operating from without, the fact stands that under the ordinary round of daily life a cyclic train of phenomena as regards the condition of the urine is observable. But there is a point of greater importance than the mere question of nomenclature, which is that the actual cyclic character susceptible of recognition may afford the means of distinguishing the class of case which is admittedly spoken of as "albuminuria in the apparently healthy" from the class falling within the category of albuminuria from Bright's disease. If subsequent experience should sustain the conclusion deducible at the present time, the distinction of the one class of case from the other is a matter of no inconsiderable importance in the interests of the public. To be regarded unnecessarily in the light of a person the subject of ordinary Bright's disease may entail a serious hardship through the effect exerted upon the future position in life. At the same time the uneasiness created in the minds of the relatives and friends must not be lost sight of. Looking at the number of cases that have come to light, and the incidental way in which the discovery has been made of the presence of albumen—for it does not usually start from the person himself being conscious of the existence of anything wrong,—it may be inferred that there is a large number of persons going about at the present time in the state in question without having a knowledge of it. Such being the position in which these cases stand, we, as members of the medical profession, incur a responsibility in determining the manner in which they should be viewed, and it behoves us, in justice to those who are guided by our precepts, to make ourselves fully and rightly informed with regard to them.

Concurrently with the insertion of my Cardiff communication in the columns of THE LANCET, a leading article was given upon the subject. Therein is cited the case of a young lady suffering from what was supposed to be "adolescent albuminuria," where it was observed that the urine passed shortly after rising was always highly albuminous. If she got up for breakfast, the urine, it is stated, was albuminous in the forenoon; if she got up after lunch, in the afternoon; and if after dinner, in the evening. Observations that I have recently made give a forcible significance to this remark, and apparently show that it has a wide bearing in connexion with the cases to which I am drawing attention. The following suitable case presenting itself, I noted the condition of the urine after (1) fasting till late in the forenoon, (2) remaining in bed till the middle of the day, and (3) taking a cold bath in the early morning and afterwards returning to bed.

E. M. B——, aged twenty, came to me in November last by the advice of Mr. Harcourt Coates of Salisbury. He belongs to a healthy family, presents a healthy appearance, and has not suffered from scarlatina. He has been engaged as a probationary clerk in the Bank of England for four years, during which time he has not missed more than ten days' attendance at the office from sickness, and this only at different periods in consequence simply of a "cold or biliousness." He did not know that anything wrong about him existed till he presented himself six months back for undergoing the medical examination to which the probationary clerks are subjected before being accepted for the permanent staff. The examination was conducted in May, and he was informed afterwards that he had not passed. He subsequently learnt that it was on account of his urine containing albumen that he had been rejected. Discordant opinions were afterwards given regarding his case by those who saw him, evidently due to the different periods of the day at which the urine was passed that was examined. When he underwent examination at the Bank, it was about 11 A.M. that the urine was passed for analysis. Investigation of the state of the urine, conducted upon several days, showed that in the early morning it was always entirely free from albumen, whilst at 10 A.M. and 11 A.M. albumen was to be found, sometimes in larger quantity than at others. Towards the latter part of the afternoon there was less, and almost invariably at bedtime it was again entirely free. The specific gravity was usually high, sometimes as high as 1034, and many specimens were turbid from a deposit of lithates. Microscopic examination revealed crystals of oxalate of lime, and upon some occasions uric acid. There were no casts or blood-corpuscles. The case being a marked one of cyclic albuminuria, and willingness having been expressed by the subject of it to try the effect of fasting, remaining in bed, and the employment of a cold sponge-bath, the following observations were conducted. In two of the three sets of observations it will be seen that no effect was witnessed, whilst in the other a decided influence was found to be exerted.

Fasting during the morning.—Dec. 9th: E. M. B—— got up at 7.30 A.M., and took nothing to eat or drink till 11 A.M., when he breakfasted. The urine passed at 7.30 A.M. presented the following characters: sp. gr. 1031; no albumen; acidity 7·947 per 1000; turbid from lithates. The urine passed at 11 A.M. (before breakfast) threw down, on testing, a decided precipitate of albumen. At 4 P.M. the quantity is recorded as a trace. On Dec. 12th the urine passed on rising between 7 A.M. and 8 A.M. was free from albumen. Nothing was taken till 12.30 P.M., and just before this time urine was voided. The specimen contained a moderate amount of albumen. At 4 P.M. the albumen had become reduced to a trace, and at bedtime there was none. Thus, with the absence of food, albumen showed itself as under ordinary circumstances.

Keeping in bed during the morning.—On Sunday, Dec. 6th, E. M. B—— kept in bed till 12.30 P.M., not rising even for passing the specimens of urine which were collected. Breakfast was taken at 8.30 A.M. Urine was passed at 8 A.M., 11 A.M., and at 12.30 P.M., the time of rising. All three specimens were free from albumen. At 2.30 P.M. there was no albumen, at 6 P.M. there was a questionable trace present, and at bedtime (11 P.M.) the record is a trace. On the following morning at rising it was, as usual, free. On the 13th the morning was passed in bed till 11 A.M. Urine was collected at 8.30 A.M. and again at 11 A.M. Both specimens were free from albumen. At 4 P.M. there was a faint trace, and at bedtime a decided amount present. Thus keeping in bed led to the urine remaining free from albumen throughout the morning. The appearance of albumen was thrown on till later in the day, and then only an insignificant amount was found in comparison with that ordinarily observed.

Cold bath in the early morning, and return into bed afterwards.—The object of this observation was to see if exposure of the surface to cold contributed to occasion the passage of albumen. For determining this point the bath required obviously to be employed under circumstances when albumen might not be expected otherwise to show itself. On Dec. 15th, E. M. B—— rose at 8 A.M., took a cold sponge bath, returned into bed, had breakfast, and remained in bed till 11 A.M. Urine was voided at 8 and 11 A.M., and both specimens were free from albumen. The urine passed at 4 P.M. contained a faint trace of albumen. That passed on going to bed was free, as was likewise that passed on rising the next morning, whilst the 11 A.M. specimen contained albumen as ordinarily observed. It was for the purpose of strengthening the information supplied that the examination of the urine was thus extended into the following day. On Dec. 17th the observation of the 15th was repeated, and I desired that the bath should be prolonged as far as convenient in order that a decided impression might be exerted upon the surface. The 8 A.M. urine was free from albumen. The 11 A.M. specimen gave a doubtful indication of the presence of the merest trace. The 4 P.M. specimen contained a faint trace, and that passed at bedtime a trace. On the following day the urine passed on rising was free, whilst that passed at 11.30 A.M. contained the usual amount for this period of the day under exposure to ordinary circumstances. The bath, therefore, did not produce any effect upon the urine. The condition observed was practically the same as after simply remaining in bed.

In two other cases I have obtained information, and it corresponds in nature regarding the influence of keeping in bed beyond the usual hour of rising. Both these cases were first seen by me some time ago, but I did not include them in my original communication, as I desired to have them under observation for a longer period before I made use of them.

Miss S. O—— was brought to me in February, 1885. She was then eleven years of age, and I was told that albumen had been noticed since the previous Whitsuntide. It was then looked for on account of a slight illness which there was some suspicion might be scarlatina, although there were no definite symptoms of it. The discovery of albumen, however, led to the conclusion, rightly or wrongly, that an attack of scarlatina had been passed through. When falling under my observation the case presented the characters of cyclic albuminuria, and has since continued to do so. In December last I wrote to the mother and asked her to keep her daughter in bed till the middle of the day, and to let me have specimens of urine sent for examination. It had been usual for albumen to become visible about 9 or 10 A.M.—Dec. 15th: The hour of rising was postponed till noon. The urine passed at this time was free from albumen. That passed at 9 P.M. contained a large quantity. The observation was repeated at the end of January, and upon this occasion specimens for the day prior were also sent to me.—Jan. 27th: The urine passed at 7.30 A.M. was free from albumen, whilst that passed at noon and also at 9.15 P.M. contained a notable amount.—Jan. 28th: The hour of rising was delayed till noon, breakfast, however, being taken as usual. Urine was collected at 8 A.M. and noon, and both specimens were free from albumen. The urine passed on going to bed at 9 P.M. contained a large amount.

The other case consisted of a boy whom I first saw in July, 1884; he was then thirteen years of age. The mother had been instructed in testing for albumen, and for some time the urine had been tested daily for days together at different periods of the day. The albuminous condition had been known to exist for two years. The mother told me that what she had generally noticed was that, whilst in the early part of the morning the urine was free from albumen, it contained a notable amount about 10 or 11 A.M., and that during the afternoon it usually disappeared. She regarded it as a bad day for the boy if the albumen did not disappear during the early part of the afternoon. At this time the condition excited grave apprehensions, and was watched with great anxiety from day to day, keeping both mother and son in a constant state of uneasiness, and acting in a decidedly prejudicial way upon the boy's progress in life. I advised that the testing should be abandoned and the boy dealt with as though he had something more than the prospect of an invalid life before him. I saw him in January, 1885, and then not again until the middle of December. It occurred to me at this visit to ask the mother if, when she was undertaking the daily examination of the urine, she had noticed any variation in relation to getting up and keeping in bed. She immediately replied that she had always noticed that the albumen did not appear till the boy had been on his feet for about an hour. These were the words she made use of, and the circumstance, she remarked, had struck her forcibly. As long as he remained in bed there was no albumen; and upon one occasion he was in bed for a fortnight with an attack of jaundice, and all this time the urine was quite free from albumen. Directly he got up it returned as before. She thought it strange, also, that when suffering from a cold, if she kept him in bed, there was no albumen. I had said nothing to prompt these remarks, and the evidence therefore may be accepted as strikingly corroborative of that otherwise obtained. Moreover, an explanatory idea had been framed in her mind upon the matter. It appeared to her, she said, as though getting up caused the albumen to filter from the kidney.

Taking it as accepted that there are certain cases of albuminuria of the kind that has been referred to standing distinct from those falling under the category of Bright's disease, the object presenting itself to be attained is to acquire information which will give us a full knowledge of their history and enable us to recognise them when they may happen to fall under view. The cyclic character noticeable in the condition of the urine under the ordinary round of daily life constitutes a valuable feature in the case from a diagnostic point of view; and the influence exerted by keeping in bed throws an important light, certainly from one aspect, upon the origin of the daily revolution observed.

Grosvenor-street, W.

ON THE

CAUSATION AND NATURE OF HYPERTROPHY OF THE PROSTATE.

BY REGINALD HARRISON, F.R.C.S.,

SURGEON TO THE LIVERPOOL ROYAL INFIRMARY, AND LECTURER ON CLINICAL SURGERY IN VICTORIA UNIVERSITY.

IN a paper recently published[1] on some Changes in Form of the Prostate and Floor of the Bladder I have shown that the inter-ureteral bar of muscular fibres so frequently met with in cases of enlarged prostate is to be regarded as the outcome of efforts, by the development of extraordinary agents of micturition, to expel urine from a part where it is apt to lodge and cause inconvenience. In connexion with these investigations, I have met with instances where an unusually depressed state of the floor of the bladder, or trigone, appeared to me to have existed previously to an enlarged prostate; in fact, that a condition of residual urine preceded, and was not the sequence of, enlargement of the gland. The trigone, or floor of the bladder, in addition to being a highly sensitive part, is peculiar in that it contains but few muscular fibres in its composition; muscle in abundance may be found as low as a line corresponding with the openings of the ureters, and marking the superior boundary of the trigone, and below in the prostate; between these two points the power of muscular contraction can hardly be said to exist. Assuming that, from any cause, such as long retention of urine, habit, position of the body, or the weakness connected with advancing years, the trigone, or non-contractile part of the bladder, becomes permanently depressed or altered in form, so that the person finds himself unable to get rid of the last half-ounce or so of urine, the effect will be frequently repeated expulsive efforts in all the muscles immediately adjacent to a part which, by reason of its connexions and structure, has no power of exercising contractility. This will eventually lead, as I have shown, to the hypertrophy of the muscular fibres between the orifices of the ureters—the inter-ureteral bar—as well as, I believe, to that of the muscular fibres so largely entering into the composition of the prostate. In this, I submit, will be found the immediate cause of prostatic hypertrophy. The change being an example of an hypertrophy, its production by conditions favouring the formation of over-growths observed in the body seems to be reasonable. Such a view, as applied to the large prostate, is strengthened by certain clinical observations. A frequent desire to empty the bladder is constantly met with in what is regarded as the earliest stage of

[1] Liverpool Medico-Chirurgical Journal, July, 1885.

prostatic hypertrophy, and long before the gland has assumed any considerable size; the more frequent the calls are to urinate, the more rapidly does the prostate grow, and all circumstances which tend to increase irritability of the bladder may be said to favour the development of this condition. Lastly, the only means which are known to have caused the opposite state—namely, that of atrophy, to be engrafted on the hypertrophied gland—are those which for a considerable time converted a muscular and physiological act into a purely mechanical one; for instance, the case I published[2] some years ago (since repeated with equally satisfactory results), where by the wearing of a cannula inserted through the perineum the process of micturition was reduced to the mechanical act of turning a tap on the part of the patient. Though regarding senile enlargement of the prostate as an hypertrophic change, I was at a loss to explain how it was induced until I met with instances where, from the conformation of the bladder, an irritating condition of residual urine seems to have preceded, and not to have been the consequence of, an enlarged prostate. Instances in practice are not uncommon in elderly males where all the symptoms usually assigned to prostatic enlargement are present, without there being evidence, beyond the presence of some residual urine, that any physical change in the gland has taken place.

I have frequently noticed that condition of unnatural contractility about the muscles connected with micturition, to which Sir James Paget's expression of "stammering with the urinary organs" may be applied, precede prostatic hypertrophy. I have a case under observation, where a locomotive engine-driver, aged fifty-three, has, owing it is believed, to the constant concussion connected with his occupation, been a stammerer of this kind. Rectal examination now shows that his prostate is commencing to enlarge, as not only is it increasing in breadth, but a distinct band of what I take to be muscular tissue is to be felt stretching across and filling it up. I was able to demonstrate this to my house-surgeon, Dr. Collins, and my clinical class, who had no doubt about the facts, whatever the construction placed on them might be. The sequence of events in this case appears to have been enforced retention by reason of the man's employment, incomplete emptying of the bladder, irregular and spasmodic efforts to expel residual urine, terminating in commencing hypertrophy of the muscles principally involved—namely, those associated with the expulsive action of the bladder. The frequency with which the floor of the gland is the first to show the hypertrophic change seems to strengthen the inference I have drawn from the development of the inter-ureteral bar, and to indicate that both conditions are the direct result of straining and an excess in the expulsive action of the bladder and associated parts. Structurally, the inter-ureteral bar and the hypertrophied prostate are identical, with the exception that in the latter will be found the follicles which have led to it being regarded as a glandular body. It is impossible to examine some of the commoner forms of advanced prostatic hypertrophy without being struck with their resemblance to what I would describe as growing casts of the interior of a frequently contracting bladder.

But it may be urged that if repeated expulsive action on the part of the bladder causes enlargement of the prostate to follow, how is it that stone and urethral stricture do not in like manner occasion it as a uniform consequence? To this I would reply that stone and stricture as excitants of expulsion are general or varying in their operations, and do not, as a rule, merely involve a limited area of the bladder wall; consequently the hypertrophy following stricture is universal so far as the viscus is concerned. In the same way, the whole bladder is involved when a growing prostate becomes in addition an obstacle to micturition. When a stone is fixed to the bladder, it is, I believe, subjected to precisely similar influences on the part of the bladder wall immediately adjacent to it as those described in connexion with the trigone, and may result, as I have seen, in a circumferential development of muscular tissue sufficient in some instances to produce sacculation. This is not an uncommon process, and may be studied with advantage in those cases where secondary calculi are developed as a consequence of surface irregularities produced by a large prostate, and which I have referred to elsewhere as fixed or stationary stones.[3] Further, it may be urged that such an explanation cannot be held to cover those instances where persons with more or less enlarged prostates do not suffer from them. I have investigated cases of this kind generally with the result of finding out that, at some period in their history, considerable urinary irritation was present and persistent. That an hypertrophy may prove to be *a precise compensation*, without, on the one hand, falling short, or, on the other, overlapping, I think we have evidence of here as in other parts of the body. It has been objected that enlargement of the prostate cannot be regarded as a mere muscular hypertrophy, as it does not occur during those periods of life which are most remarkable for muscular activity and development. On the other hand, it is hardly necessary to remark that, though an hypertrophic act in which muscular tissue is principally involved, it is really prompted by alterations in the form or function of a contiguous part which are the products of advancing years.

It may not be out of place to observe in connexion with analogous processes of hypertrophy, which in general terms have been referred to, that the best marked are those where structural defects are remedied, not in the part itself at fault, but in that which is adjacent. In the heart it is not the valve that is reproduced, but the ventricle or auricle which is augmented. Nor does the analogy cease here, for as the hypertrophied heart in turn occasions symptoms peculiar to itself, in like manner does the large prostate produce its own derangements. In conclusion, it should be remembered that the changes and diseases to which the hypertrophied gland is liable, and about which there is much to be said of great practical value, must not be confounded with the primary lesion it is desired here to refer to.

In addition to the valuable paper and plates by Sir Charles Bell, on the Muscles of the Ureters,[4] mention must be made of Mr. Viner Ellis's communication on the Muscular Arrangements of the Genito-urinary Apparatus.[5] In reference to the impossibility of dissociating the functions of the bladder and prostate, the latter author remarks: "I would propose the name 'orbicularis vel sphincter urethræ' for both the prostate and the prolongation around the membranous urethra; whilst I would confine the old term, 'prostate' (without the word 'gland') to the thickened and more powerful part near the neck of the bladder. This orbicularis may be considered as only an advanced portion of the circular layer of the bladder, though it must have the power of acting independently of the vesical fibres." The truth of this I never fully realised until I had practised, and watched the result of, a considerable number of operations, undertaken with the view of permanently relieving urgent symptoms attendant upon the large prostate.

Liverpool.

[2] British Medical Journal, Dec. 24th, 1881, and April 8th, 1882.
[3] Annals of Surgery, June, 1885.

THE EARLY TREATMENT OF RHEUMATOID ARTHRITIS.

BY JOHN KENT SPENDER, M.D. LOND.,
PHYSICIAN TO THE MINERAL WATER HOSPITAL, BATH.

EVERYONE who writes about rheumatoid arthritis is expected to begin with an apology for not calling it "osteo-arthritis," according to the precept of the College of Physicians. The apology is needed. An unscientific nomenclature condemns itself. An old writer says that "syllables govern the world";[1] and our conceptions of a scientific fact are governed by the terminology which represents it. A word or a phrase has teaching power, and moulds our belief even against our will. An old doctrine may have almost passed away; but the verbal symbol, if unchanged, recalls the doctrine, and the bond of logical association is too strong for us. Hence, as there are many reasons for rejecting the term "rheumatoid arthritis," there ought to be some potential reason for retaining it; and the fact is that no other term expresses with such graphic force a special group of clinical symptoms and anatomical changes. When fully developed no clinical picture is more easy to recognise; but the difficulty is to recognise it in the early stage when its outlines are only feebly marked. To study the evolution of a chronic disease is not a mere "pathological exercise,"

[4] Med. Chir. Trans., London, vol. iii. [5] Ibid., vol. xxi.
[1] Selden's Table Talk.

but is associated with the distinction and the success of therapeutic art.

I put, then, in the very foreground of my paper these postulates of chronic rheumatoid arthritis. Firstly, it is a disease which, though often springing out of ambush on a person in seemingly fair health, is an epilogue (or epiphenomenon) in the sense of being always preceded by a period of anæmia or defective nerve tone. Secondly, the natural tendency of the disease is almost always from bad to worse. Thirdly, the disease must be grappled with in the earliest possible stage if the medical battle is to be fought with any hope of victory. There is a point beyond which there is no hope of doing anything at all. Now, what can be predicated of a disease which bears these characters? One writer asserts that it is a nutritive disturbance of the joints peculiar to old age or premature old age, and that it is analogous to the atheromatous process which occurs in the internal tunic of the arteries at this time of life.[2] It is a sufficient answer to recall the fact that young people (even before puberty) are occasionally crippled by rheumatoid arthritis—people, I mean, whose youth is untinctured with the least trace of senility. The disease was considered by the late Dr. H. W. Fuller to be closely allied to struma, although he always called it by the misleading title "rheumatic gout." There can be no doubt that in a large number of cases there is a history of pulmonary or cerebral tubercle in the same family, or among kindred closely allied to the patient. Many high authorities might be quoted to the effect that the disease may come on as the treacherous sequel of repeated hæmorrhage (whether as menorrhagia or otherwise), of prolonged lactation or frequent childbearing, and especially of profuse leucorrhœa. Dr. Garrod says that excessive mental anxiety, and that kind of bodily fatigue which is the effect of night-watching, are potential elements in the etiology of rheumatoid arthritis. A note ought to be made of that curious pathological bias which associates nearly every form of chronic joint disease with something wrong in the nervous system. M. Charcot tells us that he has seen, coincident with nodular arthritis, certain nervous affections, such as shaking palsy and locomotor ataxy; but Trousseau remarks, with a touch of humour, that there is really no proof of any correlation in the pathogeny of these nerve diseases and nodular rheumatism.

Now, as a sort of bracket to bind together many stray phenomena, are we to forge a new thing and call it by the grand name of an "arthritic diathesis"? Fond and vain inventions are some of these so-called diatheses; spurious coin to hide the penury of genuine metal. As provisional schemes, or as stepping-stones to a wider pathological economy, a humoral or a neural diathesis has its value. Otherwise it is a mere empiric swing of the pendulum from blood to nerves, and then from nerves to blood again. But the phrase "arthritic diathesis," when rigorously examined, seems to mean this: Bone displays at different epochs of life a susceptibility to diathetic and enthetic influences, which renders it a delicate index of physiological vigour. If there be anything bad in the system, bone catches it up and tells the tale. Bones are not metaphysical abstractions, because they are out of sight; nor are they on a lower dynamic level than the soft tissues. Now, as the ends of bones are their *working* part, they are more exposed to the disintegrating forces which all work implies. Gout and rheumatism go to joints, not as such, but because they contain much of those structures which gout and rheumatism love to fasten upon. There may be plenty of rheumatism and gout in a body without any joint affection at all; but rheumatoid arthritis is a textural degeneration of joints *as such*, the outcome of wear and waste, though not the special property of any rank or age. That the degeneration is arthritic instead of being anything else does not make it a "diathesis," for any decay may spring out of some inherited or acquired weakness.

Is not our way now a little clearer? Is it not time to abandon utterly the untrue title "rheumatic gout"? Wherever this phrase is current, sounds of salicin and colchicum float in the air. In spite of discomfiture, again and again the routine and useless prescriptions are written, because salicin is "good for rheumatism," and colchicum is "good for gout."[3] The duty is done, and if the diseases will not obey the traditions, so much the worse for the diseases. Some natures are crushed by constant defeat, but others are roused to the necessity of better generalship, and ask, "Where does the therapeutic fault lie?" Is rheumatoid arthritis to be put in the same catalogue as cancer and all the other incurables? Verily not. It is a question of clinical insight and tact. Grapple with rheumatoid arthritis in its earliest manifestation; let us disengage ourselves from all scholastic theories of its origin and nature; and let our therapeutic aims be clear and easy to be carried out. It does not help us one morsel to repeat what Haygarth, Cruveilhier, and Heberden thought and taught in this matter. A procession of these honoured masters is the merest pageantry of old physic. They came, they saw, and in many things they conquered; they did wonders, but they could not conquer in everything; much seed which they flung about bore no fruit. We know more than they without being necessarily their betters; and if our finer therapeutic harvest does not enable us to do more good, so much the greater discredit to ourselves.

To cure a disease, or even to substantially relieve it, we must understand its beginnings and trace it from its germ. The earliest symptoms of rheumatoid arthritis are subtle, and easily confounded with other things. If rheumatism be uppermost in our minds, and if we see a great deal of it, we shall call all pains "rheumatic" which infest joints and muscles. Weakness and spanæmia are the natural allies and sequels of rheumatism; and if we hear a history (however remote) of rheumatic pyrexia, we shall probably conclude that our patient's aches and stiffness are only renewals of old troubles. Thus is the veil woven which blinds the clinical vision, and we ourselves are the artificers who weave it. How, then, are we to identify rheumatoid arthritis in its early simple phase, so that we may steal a march upon it and prevent its development? Putting aside for a while the academic distinctions of the acute, chronic, and irregular forms, we search for the ideal picture. A woman (rich or poor, it matters not) has gone through much childbearing, or has endured a long lactation and perhaps more leucorrhœa, or has been the victim of bodily privation and mental anxiety. One morning she awakes and feels a pain in her wrist; she thinks that she must have twisted or overworked it; she blames the weather or a hundred trivial things, and she winds up her random meditations by calling it "only a little rheumatism." Or there is pain in and among the carpal bones; there is effusion in the synovial sheath which surrounds and guards these bones; the hand looks thicker when held up and viewed sideways, and it cannot be easily opened and closed. Or there are tenderness and tightness in the palm, so that the hand involuntarily shuts when left to itself to relieve tension of the palmar fascia. Perhaps the lower limb suffers first, and the patient cries, "I have something wrong in the hollow of my foot; there is pain every time I bend the instep when walking up and down stairs." Next the ankle swells, and the difficulty of walking increases. An unwary doctor says that the ankle "has been sprained," and he may order cold douches with other very inappropriate remedies. But the supposed injury does not get well, and presently there is a puffiness around and above the malleoli, with an increasing lameness and weakness in the limb. Then, strange to say, instead of going straight to the knee, the disease may fly to an upper limb, crippling in rapid succession fingers, wrist, and elbow. Sometimes the fingers are swollen, reminding us of erythema or chilblain; and more often the first and second metacarpo-phalangeal articulations are early and severely affected. A very characteristic feature is the quick and obstinate flexion of the elbows; and now and then we see cases in which a shoulder or hip is the single joint involved and permanently injured. But there is a group, not numerically small, in which the ruin of joints is subordinate to an intense and cruel neuralgia, flitting about over nerve-threads and nerve-centres, murdering sleep, crushing the functions, creating a misery and a weakness which smother all the joy of life, and even overthrowing the intellectual and emotional faculties, so that the issue thereof may be insanity and suicide.[4]

It is quite true that the arthritis we are considering may

[2] Dr. Althaus: British Medical Journal, Sept. 28th, 1872.

[3] The term "rheumatic gout" may be appropriately given to certain hybrid forms of rheumatism and gout together, and to these only; they are not uncommon, and are not always easily diagnosed.

[4] A little monograph might be written on the early neural symptoms (not causes) of rheumatoid arthritis. Vaso-motor phenomena are quite common in the form of coldness or purple blushing of the skin. Sensorial aberrations are recognised in the various grades of dysæsthesia, from the feeling of numbness or "pins and needles" to severe aching and sudden pain. Muscular cramp or spasm is often complained of. The spinal phenomenon of shivering is now and then exactly synchronous with the earliest outward signs of rheumatoid arthritis. It is remarkable how little this subject has been examined.

be the sequel of an injury; such an injury, I mean, as may occur in the routine duties of domestic life, and be deemed hardly worthy, perhaps, of medical care. The accident is forgotten by lapse of time, but the weakened joint structures are more vulnerable to pathological storms. When disease comes, its effects may not be separable in outward guise from the injury which went before; and it must be remembered that a joint which has been once dislocated is an easy prey to rheumatoid arthritis. Then this disease so often follows rheumatic pyrexia that the one may seem only a postscript or appendix to the other; but this postscript is different in substance and in form, although its gross physical result is merely an increment of previous shock and damage. In our Mineral Water Hospital we see many mixed forms of this kind, in which true gout or true rheumatism began the sequence of morbid changes; and it has been only after years of privation and toil that the later degenerative changes have set in, ruining finally and completely those joints which were partially spoiled before. Another matter of interest is this: The joints which have been most actively engaged by the special craft of the patient, whether this be husbandry or carpentry, needlework or washing, are usually the first to show signs of arthritic deterioration. The complementary forces of hypertrophy and atrophy have been stirred; synovial secretion becomes muddy, cartilage is torn to shreds, bone is ground down to its primitive elements, and all because the mill so seldom stops; the mangle, the spade, and the needle go drudging on without that rest which is not less physiological than moral. Once more. The etiological alliances of rheumatoid arthritis are many and far-reaching. The disease may have for its companions nearly every form of degradation which can beset animal tissues. In the dulness of a clinical fog we sometimes drift about, and can get no further than a provisional guess of "arthritis"—a guess which almost anyone can make; and then it is that the textural behaviour of eyes, hair, skin, and teeth becomes a valuable landmark, and offers material for a safe diagnosis. Nor are the important viscera less worthy of attention than the dermal appendages. So that although the arthritic phenomena may appear mixed and intertwined beyond all unravelling, there are generally some salient features which proclaim that the "rheumatoid" type of disease is the dominating one, giving a case a distinctive name and determining our views of its prognosis and treatment.

I have tried to enumerate the various points which help us to identify a disease which for obstinacy and intensity has its analogues among the malignant nosologies. But even a so-called cancer has one comparatively benign aspect, which is this: if totally rooted out in a stage which has been called local, in so far that there is no apparent poisoning of the fluids of the body, there may be a positive end to it, and neither itself nor anything like itself may ever return. On the other hand, a disease which is multiple almost from the beginning, by reason of many bones and many joints, creeps and lurks about we hardly know where; if ousted from one ground of vantage, it retreats to another only a little further away: the cunning marches of a vegetable parasite are not more difficult to follow. Here, then, is our plea for early battle with a merciless enemy. Pure rheumatism and pure gout differ from that enemy profoundly in their susceptibility of control by therapeutic effort. Even when joints are badly injured by erratic gout and repeated rheumatismal attacks, there is a wide scope for recovery if bony ankylosis and adhesions among the soft structures have not gone beyond a certain degree. But a joint, big or small, wrecked by this rheumatoid disease, is the despair of medical art according to our present knowledge. It is very pitiable when the vertebræ are so mortared together that the trunk moves like a rigid machine, when the head cannot nod or turn to either side, and when the lower jaw is so nearly motionless that food cannot be properly received and masticated. And if, in addition, the lower limbs are crippled so that support and the power of locomotion are destroyed, the general health suffers from lack of exercise, and the nervous system is prostrated by the sense of incurable helplessness.[5]

(To be concluded.)

[5] I have a copy of Dr. Robert Adams' "Illustrations of Rheumatic Gout," published in 1857. There is a plate exhibiting the havoc made by the disease on a large flat bone like the scapula; and several plates depict the "cartilaginous and bony foreign bodies" in different joints. Compare an excellent account in Mr. Barwell's treatise on Diseases of the Joints; and there are plates in Mr. Quain's Clinical Lectures. Dr. Garrod's medical survey of the subject should also be studied in Reynolds' System of Medicine.

CASE OF

PELVIC ABSCESS IN AN UNUSUAL POSITION, SIMULATING SOFT FIBROID TUMOUR OF THE UTERUS.

BY A. H. N. LEWERS, M.D. LOND., M.R.C.P. LOND.,
ASSISTANT OBSTETRIC PHYSICIAN TO THE LONDON HOSPITAL.

E. M——, aged thirty-six, married, having had eight children and three miscarriages (all before the fourth child was born), was admitted into the London Hospital on June 23rd, 1885, complaining of a swelling in the abdomen and of a red discharge from the vagina. Her last labour (four weeks previously) was a quick one; she lost a good deal of blood after the child was born, but otherwise the labour was quite normal, and she seemed to recover as usual, getting up on the tenth day, without having had any pain, shivering, or feverishness since her confinement. On the tenth day, when she got up she noticed the swelling in the abdomen for the first time; it was then much smaller than it was on admission, but had gradually increased to its present size. On the day she got up she felt so weak that she was obliged to return to bed. When she moved, even in bed, she had a dragging pain in the hypogastrium, but she had no pain so long as she lay still. She had had a red discharge from the vagina ever since her confinement.

On admission, the patient was thin and anæmic. The abdomen was somewhat distended. A smooth, elastic swelling was felt rising up from the pelvis to the level of the umbilicus; it was not tender. The swelling was symmetrically situated with regard to the middle line. It was dull on percussion; laterally, beyond the limits of the swelling, the abdomen was resonant. Nothing could be heard on auscultation over the tumour. The patient was put under the influence of ether in order that the relations of the swelling might be the more thoroughly determined. Through the speculum the sanious discharge was seen to be issuing from the os externum. A catheter having been passed to make certain that the bladder was empty, a swelling was felt in front of the cervix depressing the anterior fornix. Bimanually, this swelling was found continuous with that already noted in the hypogastric region. The uterus was movable; every upward impulse given to the cervix moved the tumour with it. The body of the uterus could not be made out distinct from the tumour. It was thought that the latter extended rather further towards the left than to the right. The sound was not used on this occasion. The temperature was 101·4° on admission, and varied for some six weeks subsequently from 102° at night (on one occasion 103·5°) to 99° in the morning.

On July 13th Dr. John Williams very kindly saw the case with me, and was of opinion that, while the case was an obscure one, the probability lay in favour of the tumour being a soft fibroid. The sound was passed; it reached a depth of three inches and a half, and passed towards the right.

Aug. 13th.—The patient has been treated since the last note with ergot, at first by the mouth and afterwards hypodermically, without any alteration taking place in the size of the tumour. A catheter being passed into the bladder, it was found per vaginam that it would be impossible to puncture the tumour in that situation without puncturing the bladder. An aspirator needle was therefore put into the swelling in the middle line, about midway between the umbilicus and the pubes, and a pint of extremely offensive pus drawn off, the tumour entirely disappearing.

Five days afterwards the swelling was as large as at first; it was tapped again on Aug. 22nd, and 22 oz. of pus were drawn off similar in character to the last. After each tapping the abdomen was firmly bandaged.

29th.—The swelling has filled up again, and is, if anything, larger than ever. To-day an opening was made under antiseptic precautions into the swelling, the edges of the abscess wall stitched to the skin, and a large drainage-tube five inches long inserted.

From this time to Sept. 15th the patient went on without a bad symptom, the temperature only once reaching 100°. The wound was dressed about every other day, the cavity of the abscess being washed out at each dressing with iodine-water and some iodoform placed in the deep end of the drainage-tube before reinserting it. The discharge, which had at first been very offensive, became quite sweet. The abdomen was

firmly bandaged after each dressing, large pads of lint being placed on each side of the wound.

On Sept. 15th, at 9 A.M., the patient had a rigor lasting seven minutes, the temperature rising to 101°. She complained of pain in her limbs and sore-throat; the pulse was very small and frequent (148). There was no pain in the abdomen, and the wound was looking well. There was a slight erythematous rash on the chest and arms. In the absence of any other discoverable cause, it was thought that these symptoms were due to absorption of iodoform, which had been very freely introduced into the abscess cavity. The cavity was therefore washed out with carbolic lotion, and the iodoform and iodine-water omitted. The next day the temperature was normal, and all the symptoms had disappeared.

Nov. 9th.—The temperature has remained normal since last note. The drainage-tube (which has been shortened from time to time and replaced by narrower ones) was left off altogether to-day. Since Oct. 5th the patient has gained 11 lb. in weight; she feels and looks very well. On Nov. 4th the catamenia came on, and ceased to-day, no red discharge having previously taken place from the uterus for more than three months. The uterus is freely movable, the body of it being drawn to the left side. The sound passes two inches and a half. There is still a small sinus an inch and a half deep in the abdominal wall, but there is little or no discharge from it. A fine probe coated with nitrate of silver was passed into it.

Dec. 31st.—The patient has been a fortnight at Eastbourne. The sinus is the same length as before, but only admits a very fine probe. She says the last menstrual period lasted a fortnight, but otherwise she has been quite well, and has maintained her weight.

Remarks.—It will be seen that considerable doubt existed for some time as to the nature of the abdominal swelling. It might have been a case of super-fœtation, the swelling being explained by the presence of a second less advanced ovum in the uterus, or in one horn of a double uterus; and it was on this account that the sound was not used when the case was first seen. The tumour did not, however, harden under manipulation, nor were there any physical signs of the presence of a fœtus, and the size of the tumour remained stationary. Other conditions the possible existence of which had to be considered were: soft fibroid of the uterus, suppurating fibroid, ovarian cyst, pyo-salpinx, and suppurative perimetritis or parametritis. "Soft fibroid" was the diagnosis provisionally made, and in favour of it there was the close attachment of the tumour to the uterus, the two moving together when an impulse was given to either, and the increased length of the uterine cavity—three inches and a half. Even the aspiration and resulting disappearance of the tumour did not absolutely exclude fibroid, as it might have been a fibroid that had undergone suppuration. But the small size of the tumour when first noticed by the patient on the tenth day after delivery, and its increase in size from that time up to the twenty-eighth day, was against the tumour being a fibroid. A pyo-salpinx is not commonly so large as this swelling, and the woman having been recently confined, the probability was against pyo-salpinx, which, if single, diminishes the chance of pregnancy occurring, and if double, as it usually is when it exists at all, is an absolute bar to conception. The absence of acute pain at any time was strongly against the supposition that the tumour was a suppurating ovarian cyst, and equally against a suppurative perimetritis. On the whole, it seems most probable that the tumour was due to a parametritis in the connective tissue between the uterus and bladder, which went on to suppuration. It is certain that the lower half of the abscess was bounded below and behind by the anterior surface of the uterus, below and in front by the bladder. It should have been said that at the time when the abscess was drained the general cavity of the peritoneum, so far as could be ascertained, was not opened.

Wimpole-street, W.

ST. PETERSBURG MEDICAL SOCIETY.—The election by this Society of the following office-bearers for the year now commencing has recently taken place:—President: Dr. Sutugintsum. Vice-President: Dr. J. Gribovski. Secretaries: Drs. Rabinovich and Dembo. The Society has also conferred the distinction of its honorary membership on Prof. Hyrtl and Dr. Péan.

CASE OF SCARLET FEVER ARISING OUT OF THE LATE MILK EPIDEMIC IN MARYLEBONE;

WITH UNUSUAL SYMPTOMS.

BY JULIUS POLLOCK, M.D., F.R.C.P.

I HAVE lately seen three cases of scarlet fever due to the contaminated milk that was lately distributed in Marylebone, and one of them presented features so unusual that it may be worth recording.

On the 9th of last December I was asked to see a young lady, Miss A. B——, aged nine, who, it was said, had come out in a rash. On calling, I was told that the child had been taken unwell rather suddenly the day before, and had been sick. Upon examining the rash, I had no doubt that the disease was scarlet fever; indeed, it was quite a typical case, with the bright scarlet rash, the sore-throat, the tongue, the fever, and the rapid pulse, as described in books. The child did not appear to be very ill, and as the rash was well out and the throat affection mild, I gave a favourable prognosis as to the issue of the case. The patient was at once isolated in an upper room, and a skilled nurse from St. John's House obtained. There was much speculation as to the source of the disorder, and, as nothing was then known about the milk, it was put down to accidental contagion. I ordered a mixture containing some carbonate of ammonia and citrate of potash, and the child was put to bed and kept on suitable diet. Every means was used to prevent the spread of the fever to the other children, five in number. The case progressed very favourably, and on the 14th the rash was nearly gone and the child practically convalescent. The next day, after some previous indisposition, her elder sister, aged eleven, came out with a bright-red rash, sore-throat, &c., and joined Miss A. B—— in the isolated room. All went well with both the patients until Dec. 29th, when I found the glands on each side of Miss A. B——'s neck a good deal swollen, a temperature of 103°, pulse 112 (at 10 A.M.), and another rash beginning to come out about the ankles and wrists. Both the children had had a warm bath with carbolic soap the day before, and Miss A. B—— warm linseed-meal poultices to both sides of the neck. Next day, the 30th, the glands had much gone down and gave no further trouble, but the rash had largely developed itself, was out thickly upon both thighs and legs, and thinly scattered about the rest of the body, a few spots appearing on the face. It looked to me more like psoriasis than any other eruption I had seen, but without the silvery scale. There was no rash at all on the other child. On the 31st the rash was still more marked, and of a dark-red colour with rather a coppery hue. In the course of this afternoon symptoms of acute cystitis came on, with painful and frequent micturition, the urine being loaded with blood, but containing no more albumen than the blood would account for. The next day I had the advantage of a consultation with Dr. Gee, to whom, however, the rash was as strange as to me. It occurred to both of us that the eruption and the cystitis might be due in some way to the use of the carbolic soap. I ordered some citrate of potash besides the old mixture, and some extract of belladonna (a quarter of a grain) as a suppository twice a day. I may mention here that the cystitis went on for about a week or ten days, getting gradually better, and finally disappearing, leaving no untoward results. On Jan. 2nd the left leg was observed to be rather swollen about the calf, which was very tender. The rash was fainter, but well out. In a day or two the whole of the left leg was much swollen and very tender along the track of the vessels. On the 5th Mr. George Pollock saw the child with me, and we were agreed as to there being probably some thrombosis of the femoral vein. The leg was wrapped in wool and kept absolutely at rest. On Jan. 11th the leg was still much swollen, especially high up, and the rash was still quite visible, though the general health was very good. On Jan. 15th the leg was a good deal smaller. From this time the leg slowly diminished in size, and the patient rapidly gained health and strength. At present (Jan. 21st) the left leg is still somewhat larger than the right, and there are faint traces of the rash left. The general health is very good.

I have very little comment to make upon this somewhat curious case. It would be very interesting to know what

part (if any) the use of the carbolic soap played in producing the rash, and what relation the cystitis had to the scarlet fever or the carbolic soap. Was the block in the veins of the leg a part of the original disease, or in any way related to the second rash or the cystitis?

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

SEAMEN'S HOSPITAL, GREENWICH.

SURGICAL CASES, WITH REMARKS.

(Under the care of Mr. TURNER.)

IN the following cases, all of which present some points of interest, two—namely, the varicose condition of the veins of the lower extremity, and the injury to the shoulder—are specially worthy of note. Obstruction to the return of blood through the inferior cava is a rare condition, and in most of the cases recorded has followed parturition and been rapidly fatal, there being a septic thrombosis of the vessel. Some disease of the liver (occasionally malignant), the presence of tumours, or even simple thrombosis, dependent possibly on constitutional disease, will cause it. The last is a very rare condition, and most of the cases which have lived beyond a year or two have been due to this cause, and it is probable that to some such state was due the blocking in this case. The superficial veins appear to have adapted themselves fully to the altered condition. Fracture of the scapula is not common, though there are several cases on record. Here the acromion would appear to have been broken, as well as the outer extremity of the clavicle. The acromion is the part of the clavicle most exposed to injury, and the part most frequently broken.

CASE 1. *Extensive Varix, probably due to blocking of the inferior Vena Cava.*—Patrick G——, aged thirty, a sailor, was admitted into the hospital with a recent chancre and amygdaloid glands. With the exception of ague he had had no previous illness. His bowels were habitually constipated, acting only once in from five to eight days; defecation was often accompanied by pain in the hypogastric region. He looked a well-nourished, muscular man. The veins of both lower extremities were dilated and varicose, more especially on the right side. Over the front of the abdomen all the veins were dilated, one being especially prominent and varicose, extending from the pubes to the upper part of the chest. The current of blood was upward in these veins. There was a very marked right varicocele and dilatation of the veins of the back, especially on the right side. Nothing abnormal was discovered in the heart or lungs, and there was no evidence of any tumour anywhere. The patient said the veins had been enlarged "as long as he could recollect," and that he remembered the large vein on the chest and abdomen since he was ten years old. He could not account for them in any way.

CASE 2. *Large Bursal Tumours.*—Henry G——, aged fifty-two, blind for the last twenty years, had made his living by letting lodgings. He had done all the scrubbing of the floors himself. He first noticed a swelling on his right knee seven years ago, and a second one formed in front of the left two years ago. Both swellings gradually increased in size; that in front of the right knee had been discharging matter for two years. On admission the patient was a healthy-looking man. From the front of the right leg, immediately below the patella, projected a hard rounded tumour eleven inches and a half in circumference. On its outer side was a sinus discharging thin pus. Over the left patella was a fibrous tumour rather more than two inches in diameter. The tumours were removed with antiseptic precautions, and the wounds healed by first intention, with no constitutional symptoms. The tumours consisted of fibrous tissue concentrically arranged round a small central cavity, and were evidently bursal in their origin.

CASE 3. *Old Fracture of Spine of Scapula and of Acromial end of Clavicle.*—Daniel C——, aged fifty-two, a sailor, was admitted into the hospital on June 24th, 1885. Three months previously he was knocked down by a heavy sea and became insensible. He soon recovered his consciousness, and his right shoulder was then found to be injured. The captain pulled at his arm and something "went in with a jerk." He had been unable to use the arm since. On admission, the outer end of the clavicle projected upwards, and could be felt lying on the acromion process of the scapula. Below and to the inner side of this was a small piece of movable bone—apparently the tip of the acromial end of the clavicle slightly enlarged by callus. Upon carrying the finger along the spine of the scapula, there was found a notch about two inches and a half internal to the tip of the acromion. On each side of the notch was a little irregular callus. The acromion process was tilted downwards, and its upper surface looked more backward than on the sound side. This displaced acromion limited outward rotation of the humerus, the great tuberosity coming into contact with it when this movement was attempted. The deltoid was wasted, and there was considerable impairment of the movements of the arm, owing probably to injury to the muscles, which from the man's account had been much bruised and hurt by the accident.

CASE 4. *Necrosis of Upper Jaw following Scurvy.*—James F——, sailor, aged fifty-one, suffered from scurvy in April, 1884. His gums were spongy and tender, and an Italian doctor removed some teeth and dead bone from his mouth. The necrosis gradually extended, and he came to this hospital in December. The greater part of the palatal process of the superior maxilla was exposed, the gums had receded, the teeth had fallen out, the breath was very foul, and the patient generally ill. There was a sinus just below the inner canthus leading down to exposed bone. On Dec. 18th the greater part of the hard palate on the affected side was removed by the mouth, also a portion of the anterior wall of the antrum. There still remained a large amount of exposed bone, which was fixed and immovable. He was much improved by the operation, and began to gain flesh and strength. On Jan. 16th, 1885, two more pieces of dead bone were removed by the mouth. The remainder of the exposed bone gradually became covered, the sinus by the inner canthus healed by April, and the man was discharged with little if any deformity. The opening in the mouth leading into the antrum had contracted so as hardly to admit the tip of the little finger. It should have been noted above that for some considerable time after his admission into the hospital he suffered from effusion into the knee-joints.

CASE 5.—*Abscess in the course of the Spermatic Cord, simulating Hernia.*—Arthur H——, aged three, was admitted on June 5th, 1885, with a tense, hard, non-fluctuating swelling in the inguinal region, not extending into the scrotum. There was no impulse on coughing. Both testes were present in the scrotum. The child was very restless, continually crying; any examination of the tumour apparently gave much pain. The mother had first noticed the swelling the day before admission, and the child was said to have vomited during the night; the bowels were confined; tongue slightly coated. Temperature between 101° and 102°. The child was carefully watched, but after admission there was nothing like sickness. Ice was applied to the swelling, which on June 9th (the fourth day) presented at one spot well-marked fluctuation. The bowels acted naturally on this day. On the following day (June 10th) the signs of abscess were well marked. A small incision was made with antiseptic precautions, and about half an ounce of laudable pus evacuated. The wound had quite healed two days afterwards, and the patient was discharged on June 13th. It was discovered after his admission that he had struck himself in the scrotum with a sharp stick about a fortnight previously, and that he had again injured himself by a fall the day before—i.e., on the day his mother first noticed the swelling. There was no trace of any injury of the scrotum.

Remarks by Mr. TURNER.—The cause of the blocking of the inferior vena cava in Case 1 could not be made out; nor could it be ascertained why the varicosity should be greater on the right side of the body than on the left. There was no enlargement of the spleen accompanying the ague; and but for chronic constipation and the syphilis he had only just acquired, the man seemed a healthy subject. He was examined most carefully on more than one occasion, but no

DISCREPANCY IN PRINT

evidence of tumour or swelling could be detected. Case 2 is of interest only on account of the size of the tumours, and that they occurred in a man from the usual cause—kneeling. Case 3 is an illustration of a somewhat rare injury—fracture of the spine of the scapula. The acromion process had been tilted to such an extent as to seriously interfere with the rotation of the humerus. Such a small piece had been broken off the acromial end of the clavicle that the upward displacement of the inner fragment resembled a dislocation of the acromio-clavicular joint. Case 4 shows how little deformity may follow necrosis of the upper jaw, provided the dead bone be removed or come away by the mouth. In Case 5 the inguinal swelling closely resembled a hernia, and but for the absence of vomiting might easily have been mistaken for it. The history given was very confused and untrustworthy.

KIMBERLEY HOSPITAL, CAPE COLONY.

SUCCESSFUL LIGATURE OF COMMON ILIAC ARTERY FOR ANEURYSM OF EXTERNAL ILIAC; REMARKS.

(Under the care of Mr. L. S. JAMESON, Senior Consulting Surgeon.)

Mrs. M——, aged twenty-eight, a thin Dutchwoman, was admitted on April 20th, 1885. Eleven months ago she first noticed a small swelling, the size of a nut, in the right groin. This gradually enlarged during the next six months to the size of an apple, occasioning no pain. The patient then felt a "beating" sensation in the swelling, with pain and numbness down the leg, the tumour enlarging more rapidly and becoming much softer. No specific history.

On admission she was a spare woman, all of whose organs were fairly healthy. Immediately above Poupart's ligament there was an oval swelling about the size of the head of a new-born child, with marked pulsation, extending outwards to within half an inch from the iliac spine, inwards to the middle line, and upwards to the level of the umbilicus. On deep pressure the tumour appeared still larger. The upper portion of the tumour was solid; the lower portion soft and of a deep purple colour, appearing as if the slightest pressure would rupture the skin. There was marked swelling of the whole of the right limb; no œdema; practically imperceptible pulsation in the posterior tibial artery. Morphia was given frequently during the next twenty-four hours, to relieve pain, until the consent of the patient and her friends to an operation could be obtained.

April 21st.—The bowels having been thoroughly opened by a large enema, chloroform followed by ether was administered. From the extent of the tumour it seemed impossible to expose the common iliac artery by operating on the right side; so Mr. Jameson determined to make the incision on the opposite side, afterwards crossing over the pelvis to the right common iliac artery. A curved incision was made on the left side of the abdomen from an inch above the level of the umbilicus to within an inch and a half of the middle of Poupart's ligament. The transversalis fascia having been divided to full extent of incision on a director, the peritoneum was stripped up with the fingers from the iliac fossa forwards and inwards till the left common iliac was exposed. This was followed up to the aorta and then down the common iliac, the latter being well overlapped by the tumour, the aneurysm evidently springing from the external iliac lower down. A previously prepared stout carbolised silk ligature was then placed about the middle part of the common iliac; all pulsation in the aneurysm at once ceased on the application of the ligature. Some slight hæmorrhage from a small vessel in front of the sacrum was checked by pressure of the finger for a couple of minutes without the necessity of using ligature. The external wound was then closed by deep and superficial sutures, and dry dressing applied. The pulse was fair on recovery from the anæsthetic. The patient was placed on her right side to permit the leg to remain horizontal, as the hip-joint was considerably contracted by the tumour. The limb was wrapped in cotton-wool and surrounded by hot bottles placed at a moderate distance. No stimulants were given, and milk was taken in small quantities, one-third of a grain of morphia being administered hypodermically every four hours.

22nd.—Morning temperature 101°; evening temperature 101·6°. Slight pain and restlessness. Morphia increased to five minims (one grain equal twelve minims) every four hours. No return of pulsation, but the wound is a little more discoloured in its lower part.

23rd.—Morning temperature 100·8°; evening temperature 101·4°. Slight oozing of bloody serum from the lower part of the wound. Morphia increased to one-third of a grain every three hours. Pulse 120, weak. No distension of the abdomen during the night; one liquid motion.

24th.—Morning temperature 100·6°. Had several hours' sleep; no pain. Brand's essence of beef added to milk diet, also to have three ounces of brandy in the twenty-four hours. Slight bloody serum still oozing from wound. Dry boracic lint changed twice a day. During the next three days no change worthy of note.

28th.—Temperature 99·2°. No pain; deep and superficial stitches removed. A moderate discharge of bloody serum. Gaping of the external parts at the lower end and in the middle of the wound. Evidently deep union throughout.

29th.—Temperature normal. Pain in the leg. Morphia reduced to half a grain every six hours.

May 1st.—Remaining superficial stitches removed; free discharge of healthy pus. From this period the external wound rapidly healed, also a large bed-sore over the sacrum, the size of the palm of the hand, from which she was suffering on admission. Patient remained in hospital three months longer, the tumour diminishing slowly in size.

Oct. 15th.—Dimensions of tumour on deep pressure were still two inches and a half by three inches, but quite solid. Both knee and hip-joints were considerably contracted, but the patient was able to get about with some difficulty. Otherwise she was in perfect health.

Remarks by Mr. JAMESON.—The great difficulty of the operation appeared to be at first sight to get at the artery at all from the extent of the tumour, but as no other treatment, such as compression of the aorta, seemed to give any chance of success, and as the aneurysm must prove fatal by rupture within a few days at the most, it was determined to attempt it. It was only when the patient was on the table under anæsthesia that considering it impossible to get at the artery from the same side Mr. Jameson determined on operation from the other side, though without any data of such an expedient having been adopted before. However, in this case necessity and success must justify what would otherwise have appeared foolhardy.

ANEURYSM OF THE AORTA SIMULATING ANEURYSM OF THE INNOMINATE TREATED BY SIMULTANEOUS LIGATURE OF THE COMMON CAROTID AND SUBCLAVIAN; REMARKS.

Samuel M——, aged fifty-nine, was admitted under the care of Mr. Jameson with a pulsating tumour the size of an orange at the lower part of the neck on the right side, extending upwards to the lower border of the thyroid cartilage, outwards to the junction of the outer and middle third of the clavicle, and inwards a quarter of an inch beyond the middle line. The sternal end of the right clavicle was about half an inch more prominent than the left. A faint systolic bruit was heard all over the tumour. The patient complained of continuous agonising pain in the right arm and right side of the chest. There was extensive bronchitis, and he could only sleep in a sitting posture.

Mr. Jameson ligatured the right common carotid and right subclavian arteries. The day after the operation there was no pain. Both wounds healed by first intention. Temperature normal throughout. The tumour became harder and pulsation diminished during the next two months; after that pain in the left arm came on. At this time Mr. Jameson was compelled to leave Kimberley, and on his return, six weeks later, Dr. Wolffe, the resident surgeon, informed him that the patient had died a week previously; and at the post-mortem examination he had found that the aneurysm had existed in the commencement of the arch of the aorta; that there was a thick fibrous laminated wall on the right side; and that to the left there was an enormous thin-walled sac which had eroded the spinal column pretty deeply.

Remarks.—There can be no doubt that a partial cure was effected by the operation, and certainly it enabled the patient to enjoy three months of comparative health free from pain. No antiseptics, further than strict cleanliness and boracic lint dressings, were used in either of the foregoing cases. When Mr. Jameson first went out to Cape Colony, seven years ago, he asked Mr. John Marshall as to the advisability of providing himself with the parapher-

nalia for strict antiseptics. He remarked: "You are going to an antiseptic climate, and don't require them." This opinion had since been fully justified. Going there direct from some years' residence in a large London hospital, the difference, Mr. Jameson states, was astonishing; grave injuries, such as compound fractures of the limbs, where amputation would appear imperative, healing in a marvellously short time under some simple dressing, such as wet boracic lint.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Annual General Meeting.—President's Address.

THE annual general meeting of this Society was held on Monday last, Dr. George Johnson, F.R.S., President, in the chair.

The report of the Council was read by the hon. secretary, Mr. Howard Marsh. Thirty new Fellows have been elected, and twenty-one Fellows have been lost by death. The total number of Fellows is now 736. The report of the hon. librarians states that the additions to the library during the year 1885 consist of 422 works. The number of volumes in the library is about 36,000. During the past year the Society's collection of portraits of members of the medical profession has been enriched by the addition of sixty-three new portraits. The adoption of the report was proposed by Dr. C. West, seconded by Mr. R. W. Parker, and carried.

The President then read his address, which contained very interesting matter. Speaking of Henle, by whose death the Society had lost one of its foreign honorary Fellows, Dr. Johnson said that one of the most interesting and important of Henle's anatomical discoveries was that of the muscularity of the middle coat of the arteries, which he clearly described and figured in his "Allgemeine Anatomie," 1841, p. 498, plate iii., figs. 8, 9, and 10. This discovery formed the anatomical basis for the experiments and conclusions of Brown-Séquard and Bernard, which led to our present knowledge of the regulating function of the muscular arterioles and of the vaso-motor nerves. And assuredly until this knowledge had been acquired we were but imperfectly acquainted with the forces which are concerned in effecting and regulating the circulation of the blood. It has now been proved to demonstration that the muscular force possessed by these Lilliputian canals is so great that the united forcible contraction of the pulmonary or of the systemic arterioles is more than equal to the propulsive power of the corresponding right and left ventricles of the heart, and in consequence the onward movement of the blood may be thereby arrested. This arrest of the circulation by the contraction of the muscular arterioles is most easily demonstrated in the lungs. Physiologists all agree in teaching that the function of the arterioles is to regulate the blood-supply to the tissues, and to exert, in short, what he had ventured to call a "stopcock" action upon the blood-stream. In reply to Dr. Goodhart's objection to the "stopcock" theory that there is no such antagonism in nature as it would imply, he said he need only refer to the notorious fact that muscular antagonism in the case of both voluntary and involuntary muscle, with resulting physiological harmony, is of constant occurrence. Referring to the discussion on cholera, Dr. Johnson said that if it did not increase our knowledge, it served to bring into view the very contradictory opinions which are held, not only with regard to the etiology, the infectiousness, the pathology, and the treatment of the disease, but also with reference to such easily and often demonstrated anatomical facts as to the relative amount of blood in the two sides of the heart during the stage of collapse when the chest is opened soon after death.—A vote of thanks was proposed by Dr. Graily Hewitt, and seconded by Dr. Symes Thompson, for the President's address. The vote of thanks to the retiring members of Council was proposed by Dr. Althaus, seconded by Dr. B. O'Connor, and acknowledged by Dr. C. T. Williams. The vote of thanks to the retiring secretary, Dr. Douglas Powell, was moved by Dr. Church, seconded by Dr. Buzzard, and carried with acclamation. The President declared that the result of the ballot was the unanimous election of the gentlemen nominated by the Council, and published in THE LANCET last week.

PATHOLOGICAL SOCIETY OF LONDON.

Congenital Cystic Kidney. — Pistol-shot Wound of Cranium.—Villous Tumour of Accessory Thyroid.—Cancer of Thyroid in Myxœdema. — Ossifying Sarcoma of Radius.—Aneurysm of Septum Ventriculorum.—Congenital Skin-tumour of Sigmoid Flexure.

Dr. J. S. BRISTOWE, F.R.S., President, was in the chair at the ordinary meeting of this Society, held on Tuesday last.

Mr. SHATTOCK read a paper on Bilateral Cystic Disease of the Kidneys in the New-born. The specimen shown proved beyond all doubt that the cysts are retention-cysts, since all transitions were traceable from long dilated passages to the more definitely circumscribed cysts; and the smaller cysts, as well as the dilatations, were lined with similar well-formed cubical epithelium. It was possible that the cystic disease might arise from a histological mal-development of the kidney, and that the spaces were retention-cysts originating in the tubules of the mesonephros or Wolffian body. The frequent association of other malformations with congenital cystic disease of the kidney, pointed out by Virchow, was worthy of remembrance in this regard. In the specimen shown there were no other abnormalities; the ureter was normal and pervious, as also the renal pelvis and calyces. The kidney was smooth externally, presented traces of lobulation, and the capsule could easily be separated. The organ measured three inches long and two inches broad. Since the discovery of widely distributed remains of the Wolffian body in the ovarian stroma, increasing interest has attached to cystic ovarian disease; similar remains of Wolffian bodies were to be found in the testicle. The metanephros, which forms the permanent kidney, is only a specially differentiated posterior portion of the primitive mesonephros or Wolffian body. Adopting Kölliker's view that the renal tissue is formed by tubular extension from the branching upper end of the ureter, it may be conceived that the congenital cystic kidney results from a want of differentiation of the metanephric blastema from that of the mesonephros or Wolffian body. The existence of two or three ureters could be understood embryologically when we remembered that in the mesonephros of the amphibia there were as many ureters as there were segments of the mesonephric kidney.—Dr. NORMAN MOORE considered that if the glomeruli were normal, the cystic disease was most probably congenital, and not due to interstitial nephritis.—Mr. J. B. SUTTON had seen examples of congenital cystic disease of the kidneys in many mammals. He had detected frequently the remains of the mesonephros in the ovary and testicle. The anterior end of the kidney of teleostean fishes was admitted to be of mesonephric origin.—Dr. QUARRY SILCOCK referred to the large amount of well-formed fibrous tissue in Mr. Shattock's specimen. He had seen cases of cystic disease of the kidneys associated with cysts in the liver.—Mr. SHATTOCK replied that the arteries were healthy in his specimen. Klein had figured cells in the stroma of the human kidney, indistinguishable from those lining the tubules, and so mesonephric remains in the kidney might be found to be not unfrequent. Congenital cysts differed from all those acquired after birth, both in their mode of origin and anatomical characters. The fibrosis he explained as secondary to the tension exercised by distension of the cysts in the manner that cirrhosis of the liver ensued after experimental ligature of the bile duct.

Mr. C. B. LOCKWOOD exhibited a specimen to show the effects of a Pistol-shot Wound of the Brain. It was a case of attempted suicide; the bullet passed through the hard palate, orbit, ethmoid, and frontal part of the brain, and made its exit in front of the coronal suture. There were signs of intra-cranial inflammation. At the end of twenty days an abscess developed, was opened, and the bullet with some bony débris removed. The bullet had not entered the lateral ventricles. There were no signs of meningitis. The patient lived one month after the receipt of the injury, and died from septic poisoning. Stupor was the chief symptom, though he could be roused and could remember recent events. In reply to Mr. Marmaduke Sheild, Mr. Lockwood said that it was not certain until the abscess was opened whether the bullet lay beneath the scalp or within the skull. The aperture of exit in the calvaria was larger than that of entry.

Mr. BILTON POLLARD showed a Tumour which he considered had been developed in an accessory Thyroid Gland

When first noticed the growth was about the size of a pea, and was situate in the right anterior triangle, about two inches from the middle line at the level of the upper border of the thyroid cartilage. The tumour grew gradually, and attained the size of a hen's egg in a year and eight months; during the next four months it grew rapidly, and when the patient was admitted to University College Hospital it nearly filled the right anterior triangle of the neck. It was freely movable, but did not alter in position during deglutition. It was so deeply placed that during its removal it was found necessary to excise along with it the middle third of the scalenus anticus muscle and two inches of the internal jugular vein. Two enlarged glands were removed from the lower part of the posterior triangle, but they were not examined microscopically. The tumour consisted, in the main, of a cyst about the size of an orange; it was lined with a smooth membrane, and into its interior several villous growths projected. The solid portion of the growth was divided by fibrous septa into compartments, which were closely packed with a granular substance, which microscopical examination proved to be composed of delicate villous processes lined with short columnar epithelial cells. In some parts the growth was composed of small spaces and tubes lined with cubical epithelium and filled with a colloid substance. The structure of this portion bore close resemblance to that of the thyroid gland. The origin of the tumour was open to doubt, but Mr. Pollard thought its appearances were fully explained by supposing that it grew from an accessory thyroid gland, that cysts had first been formed, and that subsequently they had become filled with delicate papillary growths. In reply to the President, Mr. Pollard said that the growth was of benign character and had not infiltrated, though it was adherent to the scalenus anticus muscle.—Dr. NORMAN MOORE had seen a villous growth in a large cyst of the thyroid gland. Accessory thyroids were very rare. If there were a new growth in an accessory gland he would expect the thyroid itself to be enlarged.—Mr. J. B. SUTTON considered that the tumour might have developed about the lower end of the thyroid canal, and said that a German author had described accessory thyroids in a situation which would correspond to this.—Mr. POLLARD said there was no perceptible enlargement of the thyroid body.

Dr. GULLIVER showed a specimen of Cancer of the Thyroid Gland associated with the symptoms of Myxœdema. It came from a woman aged forty-four. The cancer had grown round the trachea and compressed the œsophagus slightly. On the right side the sterno-thyroid muscle was adherent and infiltrated, and the lymphatic glands on this side were much enlarged. During life there were all the features of myxœdema of four years' duration. There was some stridor towards the end, but no dysphagia, and the patient died from asthenia. The specimen was interesting and rare; such a combination of disease had hitherto not been recorded. Myxœdema had been seen in association with tubercle. The partiality that cancer had for atrophied organs or for organs whose functional activity had ceased was illustrated by this specimen. In a case of Mr. Shattock's of sporadic cretinism (patient aged thirteen) the thyroid gland also showed a typical form of cancer, which was of course of more recent date than the atrophy of the organ.—Dr. HADDEN asked whether Dr. Gulliver regarded the cancer as in any way causative of the myxœdema. In thirty fatal cases of myxœdema of which he had notes no cancer had been found. In myxœdema the thyroid showed interstitial changes together with proliferation of the epithelial cells.—In reply, Dr. GULLIVER said he regarded the cancer as an epi-phenomenon.

Mr. BERNARD PITTS read notes of a case of Ossifying Sarcoma that occurred in a young man aged twenty-one, who was first seen on June 24th, 1885, with a swelling of the right wrist, over which the skin was reddened, hot, and tender, but the joint was not involved. There was a history of a sprain two years previously. Iodide of potassium led to no improvement. A large gland developed at the bend of the elbow. On July 14th an operation was performed, when new bone was found about the wrist and regarded as of inflammatory origin. Later on, a pedunculated exostosis appeared at the upper part of the left fibula and another below the right great trochanter. At the site of the wound there developed a large nodulated mass, which extended from the wrist upwards. On August 26th pleuritic effusion had developed, and death took place on September 29th. At the necropsy the left pleura was found to be infiltrated with the ossifying sarcoma, and formed an almost perfect cast of the thorax on that side. The growth infiltrated many parts of the lung, and could be traced distinctly along the branches of the pulmonary artery. The primary and secondary growths were composed of large round cells bounded by alveolar walls, which were calcified. The primary growth was a sub-periosteal ossifying sarcoma. A point of interest was the entire absence of soft structure in the line of operation and the consequent mistake in the early diagnosis. The lymphatic glands were directly infected, being very much ossified.

Dr. FREDERICK TAYLOR showed an Aneurysm of the Septum Ventriculorum, which came from a man aged fifty-five, who died from cerebral hæmorrhage. The aneurysm developed at the site of the undefended space; it was a globular sac, with an opening of triangular shape, measuring half an inch by five-eighths of an inch; the sac was about five-eighths of an inch in depth. It bulged into the right auricle and right ventricle. There was no evidence of endocarditis, and this absence, with the smooth character and site of the aneurysm, led him to regard the specimen as of congenital origin. A soft systolic murmur was heard at the apex during life. Another similar specimen, dating from 1858, was also shown from the museum of Guy's Hospital.—Mr. STANLEY BOYD exhibited a specimen in which there had been endocarditis of some duration; there was an aneurysm projecting from the right side of the aortic cusp beneath the left coronary artery; it was divided by a septum.—Dr. ANGEL MONEY related the case of an idiotic girl, aged seven, who had pyrexia and a systolic murmur, which was loudest over the septum. There was an aneurysm of the undefended space that opened up the layers of the septal cusp of the tricuspid valve. All the cardiac valves were in a peculiarly "pouched" condition, probably due to syphilis, and there was a large gumma in the brain.—Dr. PERCY KIDD referred to specimens of aneurysm of this region which he had exhibited last session; one occurred on the posterior aspect of the undefended space, and was an aneurysm due to endocarditis; this was a very rare condition.—Dr. S. COUPLAND referred to a remarkable specimen deposited in the Middlesex Hospital Museum. It came from a man aged twenty-four; there was a cavity in the septum ventriculorum, and the two ventricles communicated through it; it was situate below the undefended space, and each orifice was small as compared with the cavity which lay between them, which was lined by very tough membrane; one orifice was surrounded by tough vegetations. Probably a laceration of muscular fibres had taken place as the result of hæmorrhage, and the aneurysm had eventually burst into both ventricles. The specimen was almost unique.

Mr. CLUTTON showed for Dr. Floyer a specimen of Congenital Cutaneous Polypus, which had been removed from the sigmoid flexure. The patient, a girl of eight or nine years of age, was taken suddenly ill in October, 1884, with pain, rigors, high temperature, and diarrhœa, and in the course of three weeks passed a large quantity of very offensive matter and blood, and in another week after this discharge a tress of hair of considerable size was removed from the anus. The acute symptoms subsided in four or five weeks, but she still continued to suffer from very distressing symptoms of tenesmus, which had been a source of great discomfort throughout her illness. About Easter, 1885, a tumour was noticed, during these attacks of tenesmus, to protrude at the anus, and was returned as often as it appeared, with relief to the patient's symptoms. In August, 1885, she came under the care of Dr. Floyer, who, whilst treating her for chronic constipation, found, on examination of the abdomen, a swelling in the left iliac fossa. Shortly after this, in examining the rectum, Dr. Floyer thought he felt a polypus attached by a double pedicle to the mucous membrane at a considerable distance from the anus. Mr. Clutton was then asked to see the case. Under chloroform it was easily demonstrated that the tumour in the iliac fossa was the polypus, which could in efforts of straining be forced down into the rectum. The pedicles were tied with silk, and the tumour removed. The specimen exhibited to the Society was shown to possess a perfect cutaneous envelope covered with fine short hairs. At a spot near the pedicles there was a bald shining patch, with a sinus in its centre, which was thought to have been the seat of the abscess described in the history of the illness in October, 1884. A long tress of hair was also shown, which was believed to have been attached to the tumour over the surface of this abscess. The central parts of the polypus were composed of fat and fibrous tissue with a little

bone. Allusion was made to a similar case recorded by Dr. Port in the Pathological Society's Transactions, vol. xxxi., the only difference being in the exact seat of the growth in the two cases. Dr. Port's specimen was removed from the mucous membrane of the rectum, at about two inches and a half from the anus; whereas in the case now recorded there was evidence to show that it was seated at the juncture of the sigmoid flexure with the rectum.—Dr. FLOYER regarded the lump, which was still present in the iliac fossa, as the remains of the pedicle.—Dr. CHARLEWOOD TURNER suggested that an ovarian tumour might have penetrated the sigmoid flexure and become inverted there.—Mr. J. B. SUTTON believed that the tumour originated about the neurenteric canal, and was an example of a very rare tumour. In reply to Mr. Boyd, he said the epiblast at the anus only invaginated for about half an inch to three-quarters of an inch.—Mr. CLUTTON felt sure that the residual lump was the remains of the pedicle, and said that the centre of the tumour contained bone.

The following card specimens were exhibited:—Dr. Payne for Dr. Jacob of Leeds: Tumour of Finger. Mr. Pollard: Dermoid Cyst of Testicle. Dr. Lediard of Carlisle: (1) Senile Ovarian Blood-cyst; (2) Hernia Reduced *en masse;* (3) Cancer of Rectum—Excision; (4) Cancer of Œsophagus—Gastrostomy. Dr. Turner: Hepatic Cells in Blood of Portal Vein. Dr. Carrington: Mitral and Tricuspid Stenosis. Mr. E. H. Fenwick: (1) Fibro-sarcomatous Polypi from Bladder; (2) Papilloma of Bladder. Mr. Makins: (1) Diastasis of Cervical Spine; (2) Carcinoma of both Superior Maxillæ. Dr. Drewitt: Heart and Pericardium from a case of Rheumatic Nodules. Mr. Lunn and Mr. Larder: Aortic Aneurysm.

CLINICAL SOCIETY OF LONDON.

Traumatic Inguinal Aneurysm; Rupture of Sac; Ligature of Arteries.—Aneurysm occurring in Stump.—Intussusception of Upper Part of Jejunum.—Acute Intestinal Obstruction with Acute Peritonitis; Abdominal Section; Rapid Recovery.

AN ordinary meeting of this Society was held on the 26th ult., Mr. Thomas Bryant, F.R.C.S., in the chair.

Mr. C. MANSELL MOULLIN read a paper on a case of Traumatic Inguinal Aneurysm; Rupture of Sac; Ligature of the Common Femoral and External Iliac Arteries. The patient, a man aged thirty-four, had received a severe blow in the groin from the edge of a flat piece of iron about four weeks before admission. There was a good deal of swelling and discolouration about the part for some days. Three weeks after receiving the blow the swelling reappeared, and continued to increase in size until the morning of admission, when, during an effort, he was seized with violent pain, and a large pulsating tumour made its appearance in the groin, extending into the scrotum and perineum. The foot and leg were not much swollen, but the skin in the groin was red and œdematous, and the scrotum much discoloured. An incision was made into the swelling over the femoral artery (after an abdominal tourniquet had been applied), and a longitudinal slit found in the wall of the vessel, immediately under Poupart's ligament. A director was passed down it, the artery separated and tied below the injured part with catgut. A fresh incision was then made above Poupart's ligament, for the purpose of securing the external iliac above the rupture. No other vessel was tied. The blood-clot, some of which was old and very adherent, some quite recent, was turned out as far as possible, a large drainage-tube inserted, and the limb carefully wrapped up in cotton-wool. The subsequent course was perfectly simple, except that the wound suppurated freely, and, until a side opening was made, remained full of decomposing clots. The limb wasted exceedingly, and a small slough formed on the side of the heel, but the gangrenous patch was only the size of a shilling. Four months after, pulsation could just be detected in the posterior tibial, and perhaps in the anterior.

Mr. SYMONDS read a paper on a case of Aneurysm occurring in a Stump. A man aged forty-six sustained a compound fracture of both bones of the leg in the site of an old syphilitic ulcer, on the floor of which the tibia was exposed; he was admitted into Guy's Hospital on Aug. 7th, 1883. Gritti's amputation was performed under full antiseptic precautions. The man was cachectic, and had lost a good deal of blood. Suppuration, with a foul discharge, occurred, and, later, two abscesses were opened on the outer side of the stump, and one on the inner. Healing took place very slowly, and when discharged, nine weeks after the operation, the stump was somewhat swollen and hard, especially on the inner side. Five days later he returned with blood oozing from a pin-like opening in the original cicatrix, and two days afterwards, when admitted, the bleeding was severe, and a large pulsating swelling was observed on the inner side. The skin over it was red and œdematous. There was thought to be an abscess communicating with the femoral artery. Before laying open the swelling the superficial femoral was ligatured, the whole thigh being œdematous. When cut into, blood alone escaped. The incision was enlarged, the clots turned out, when alarming hæmorrhage occurred from the femoral. This was found to come from a small aneurysm which had ruptured. This was laid open and the vessel tied above and below. The artery was isolated by passing a catheter into it. The man ultimately recovered, though slowly, and had a sound and useful stump. In his remarks, Mr. Symonds said the aneurysm had formed on the vessel two inches above the amputation site, and existed previous to the man's first discharge, and had ruptured soon afterwards. He referred to the rarity of the case, and to the general belief that aneurysm does not follow ligature of a healthy vessel from pressure, nor embolism of an artery unless the embolus be in a state of active change, and sets up a similar inflammatory and softening process in the wall of the vessel itself, which then yields to the ordinary blood-pressure. Admitting these facts, Mr. Symonds thought that a condition similar to that found in embolism must be looked for to explain the present case. It was suggested that the explanation of the cause of the aneurysm lay in the inflammatory state of the stump, and Mr. Symonds thought it best explained by supposing the vessel to have been involved in the acute inflammatory process which ended in other parts in the formation of pus, but in the vessel in softening only. He supposed that a peri-arteritis existed, reducing the vessel wall to an embryonic state, just as was seen to occur in the floor of ulcers, and in inflamed connective tissue. The localisation was explained by supposing that at the point affected the vessel formed part of the wall of an abscess or sinus. In support of this suggestion, the condition of the vessels in the walls of phthisical cavities, from which hæmorrhage occurred, was cited. Here, either an aperture in the wall of the vessel was found or an aneurysm. The latter change, he believed, was not uncommon in phthisis, and Mr. Symonds suggested that aneurismal dilatation will be found to precede secondary hæmorrhage in stumps more frequently than is now supposed. A paper which he published in the Transactions of the Pathological Society, vol. xxxv., page 146, was referred to as illustrating the case. In this paper two vessels affected with acute arteritis were described and figured, on one of which several aneurysms also had formed, secondary hæmorrhage resulting from the rupture of one of these. Referring to his suggestion in the above paper, that in secondary hæmorrhage an unhealthy condition of the wound and vessel existed, and that the bleeding was determined not so much by failure of clot formation as by suppurative arteritis, Mr. Symonds said that the present case gave support to that view, and brought into harmony hæmoptysis and secondary hæmorrhage. He suggested that in both the processes, so far as regards the vessel, are identical, and result sometimes in the formation of an aperture, and sometimes of an aneurysm.

Mr. T. BRYANT was disposed to agree with Mr. Symonds' views, and believed that secondary hæmorrhages usually resulted from an arteritis originating about the seat of injury of the vessel. Reference was made to the case of a man with compound fracture of the thigh, for which amputation was performed; so rapid was the healing that only one sinus discharged purulent fluid at the end of two weeks; but fatal hæmorrhage occurred at the end of the fifth week. The femoral artery was found to be diseased by suppuration that had destroyed the coagulum. At the time it was suggested that the arteritis was due to torsion of the vessel, but Mr. Bryant did not adopt that suggestion. He asked why Mr. Moullin laid open the traumatic aneurysm in the first instance, instead of ligaturing the external iliac artery.—Mr. MOULLIN said the skin was so œdematous and red that it appeared as though suppuration had occurred.—Dr. GOODHART agreed with Mr. Symonds that cases of aneurysm from embolism and hæmoptysis from aneurysms in pulmonary

cavities supported his views of surgical secondary hæmorrhage. Years ago he had taught that such hæmorrhages were due to suppuration which had extended along the tract of the artery. As the result of Listerism and consequent freedom of wounds from suppuration, he had not during the last five or six years seen cases of the kind.—Mr. PEARCE GOULD asked Mr. Moullin why the upper ligature was placed so far above the wound of the artery, thus leaving the deep epigastric and circumflex to supply blood below it.—Mr. BENNETT inquired of Mr. Symonds whether ligature of the common femoral would not have been preferable to that of the superficial femoral artery, and then why he had ligatured above the aneurysm at all; would not the use of a tourniquet and local treatment of the aneurysm have answered all purposes?—Mr. MANSELL MOULLIN said the aneurysm was situate immediately under Poupart's ligament, and he could not have reached the artery below the ligament. No other artery was ligatured.—Mr. SYMONDS, in reply, said it would no doubt have been better to have selected the common femoral for ligature, and admitted that it would have been better still to have controlled the vessel by a tourniquet, and then to have dealt with the aneurysm; but he did not do this because he thought there was pus in the cavity, and considered that the hæmorrhage might have proved more difficult to control.

Mr. GOODHART read notes of a case of Intussusception of the upper part of the Jejunum, of twenty-one months' standing. Its clinical interest depended upon its long duration and upon the resemblance of the abdominal tumours during life to a floating kidney. The case occurred in the practice of Mr. Sandford Arnott of Brixton. The patient, a girl aged nineteen, had been first seen a year and three-quarters before her death, and was then suffering periodical attacks of vomiting and abdominal pain, with progressive wasting. A knotty irregular tumour was felt in the lower part of the abdomen above the uterus. She then attended the out-patient department at King's College for eight months, and subsequently at University College, suffering from obstinate constipation, fæcal tumours, and what was thought to be a floating kidney. She was relieved by enemata of sulphate of magnesia, but, notwithstanding, her attacks recurred, and in these she was frequently seen by Mr. Arnott. The abdominal tumour never disappeared, but latterly it altered its position, and came to correspond with the situation of the left kidney. It varied in size and shape, some days being decidedly kidney-shaped, and generally it had a curve in its length, the concavity being towards the umbilicus. She was seen by Dr. Goodhart in her last attack, and was then pale and thin, although not appearing extremely emaciated; her mother described her as hardly ever free from sickness for more than a week, the actual attack lasting generally twenty-four to thirty-six hours. Lately she had been sick almost daily. The abdomen being exposed, the existence of a dilated stomach was at once apparent, it occupied the upper half of the abdomen, and its muscular contractions were plainly visible; but below this, in the left inferior quarter of the abdomen, was a second tumour, running from the flank obliquely downwards towards the pubes. This was the mass that had been felt throughout the progress of the case. It was an elongated tumour that underwent slow rhythmic alterations, becoming alternately hard and soft, and was obviously some part of the intestine "in labour." Vaginal and rectal examination gave no additional information. However, it was clear that there was some intestinal obstruction, although there was no sufficient material for determining its exact nature. She had never passed any blood, the evacuations being always of a light-brown colour, and, although she suffered from constipation, it was never such as to resist the action of an aperient. It was arranged that she should be admitted to Guy's Hospital, but before this was accomplished she died, apparently from the exhaustion of the continued vomiting. Mr. Arnott and Dr. Goodhart made an inspection. The dilated stomach occupied the greater part of the abdomen; below, and to its left, in the inguinal region were two or three coils of small intestine—small, but prominent, as if something pushed them up from behind, and on turning them aside a large intussusception was seen; it ran from near the spine into the pelvis, and looked more like rectum in thickness and size, but it proved to be small intestine, the neck of the intussusception being at the commencement of the jejunum. It was about eighteen inches in length, and when further examined was found to be associated with, and no doubt caused by the existence of, large polypoid masses of growth which sprang from the mucous membrane of the small intestine in several parts. In reply to Mr. Bryant, Dr. Goodhart stated that at no time was any blood passed per rectum, and there had been no actual constipation.—Mr. R. J. GODLEE mentioned a case of intussusception that existed without producing constipation. It occurred at the North-Eastern Hospital for Children, and the child passed a large quantity of fæces. Another case happened in University College Hospital many years ago; there were symptoms of intestinal obstruction, which led to the performance of colotomy on the right side, but without any tumour to account for the obstruction being found. Later on abdominal section was performed, still without success. The patient recovered from both operations, and died afterwards, when a long intussusception of the large bowel was discovered.—Mr. BARKER said that in this case there was a tumour of the wall of the bowel that produced obstruction and led to the intussusception.

Mr. A. E. BARKER read notes of a case of Acute Intestinal Obstruction, followed by Acute General Peritonitis, for which he performed abdominal section, releasing the implicated bowel, and thoroughly sponging out the peritoneum, with the result of rapid recovery. The patient was a man aged twenty-three, who had enjoyed good health, with the exception of flatulent dyspepsia, up to Saturday, November 14th, 1885. At 7 P.M. on that day he had a loose motion with a feeling of sickness, and three or four minutes later was seized with a violent pain in the abdomen, and fell down, rolling about on the floor in the most acute suffering. This pain commenced at a point midway between the umbilicus and the right groin. At 7.30 he began to vomit, and continued to do so through the night, and next day, until Monday evening, when Mr. Barker was sent for. At the onset he was seen by Mr. Knaggs of Camden-road, who gave large enemeta with opium internally, and hot fomentations over the abdomen. This treatment was continued with much judgment for the next forty-eight hours, but with no relief. On the contrary, the pain increased, and became general over the whole abdomen, the vomiting continued of a grass-green colour, but never became stercoraceous, the abdomen grew more and more distended, and the centre of acute tenderness shifted to the left side of the umbilicus. The peritoneum also began to fill with fluid, there was complete obstruction of the bowels from the first, and no flatus was passed. No distinct tumour was to be felt anywhere. When seen by Mr. Barker on Monday evening the condition was very grave, and he at once decided to perform abdominal section, regarding the case as one probably of obstruction from a constricting band, or from volvulus of the small intestine. With strict antiseptic precautions, the abdomen was opened in the middle line from the umbilicus to the pelvis, and was found to contain much flaky serum and free gas; the intestines were coated with lymph and moderately distended. The small intestine was now passed through the fingers from below upwards, until the middle third of the jejunum was reached. When this was drawn upon, there came a sudden rush of fluid through the portion held in the fingers, and the next moment there came out a loop of bowel deeply congested and ecchymosed, and distended to about three or four times its normal girth, and containing much fluid. Beyond this loop the gut was distended and moderately congested, but was sharply marked off against the implicated loop by the absence of ecchymoses. The bowel was now passed through the fingers downwards, to make sure that no other obstruction existed, and then the cæcum and vermiform appendix were turned out of the wound and examined with the same object; they were quite sound, though sharing in the inflammatory distension and congestion to a slight extent. The hand was now passed into the abdomen, and every part of it was explored, but nothing further was found. The gut having been carefully cleansed was now replaced, and the whole abdomen was mopped out with carbolised sponges, passed into every recess on long holders. The greatest accumulation of inflammatory products was found in the flanks and pelvis, and required repeated sponging. When the whole cavity had been cleaned the wound was united with seven deep and two superficial carbolised silk sutures in the usual way, and was dusted with iodoform and dressed with salicylic wool, secured with a broad binder. The patient bore the operation well on the whole. He had a good deal of pain in the night, and vomited twice before

morning. The vomited matter was no longer bilious, but consisted of watery altered blood. It came up for the last time at 9.30, twelve hours after operation. The patient progressed extremely well from this time, the peritonitis disappearing rapidly. The wound was dressed for the first time on the fifth day, and was then found united by first intention. Five of the stitches were taken out, and the wound was supported by broad strips of sticking plaster applied directly to the skin with salicylic wool and a binder over all. On the seventh day the remaining stitches were removed, and the wound was supported as before. On the eighth day a motion was passed spontaneously, and again on the ninth. These motions were stained with old blood. On this day, owing to an error in diet, he vomited and burst open the upper two-thirds of the wound, in spite of the strapping, and a knuckle of the intestine protruded. On seeing this six hours later, Mr. Barker removed the dressings, cleansed the protruded gut under the spray, wiped out the abdomen and the wound, and replaced the gut. The opening was closed as before, and similarly dressed. The temperature in the rectum rose on the night following to 102°, but beyond this there were no disquieting symptoms throughout convalescence, the patient being able to take light solid food a couple of days later. The wound healed in great part by first intention, but some of it by granulation. In reviewing this case, Mr. Barker dwelt upon the following points:—1. The nature of the obstruction. 2. The performance of abdominal section in the midst of acute general peritonitis. 3. The rapid disappearance of the latter after operation. He pointed out that from a comparison of this with recorded cases there could be no doubt that it was a case of volvulus of the jejunum, a very rare condition. The whole case corresponded closely with the few others on record, only one of which had been operated on. The onset of general peritonitis he regarded as an extra reason for early operation in such cases, and showed that this view was supported by pathological reasoning and clinical experience. The rapid disappearance of the peritonitis, due to the release of the intestine and cleansing of the abdominal cavity, was then commented on, and it was pointed out that the good result was, besides, in great part to be attributed to the judicious treatment of the case from the first with opium and enemata, and the comparative rest that the bowels were then placed in up to the time of operation, which was not delayed a moment after it was evident that other means had failed. That such an operation could only be successful when performed early and under the strictest antiseptic treatment was also averred.—Mr. BRYANT considered that the whole case was most successful, and a brilliant piece of surgery from beginning to end. He also agreed with the diagnosis, and thought that the only other condition that could account for the case would be a band. He asked Mr. Barker to explain how the gas developed in the peritoneal cavity. In his opinion peritonitis was not a contra-indication to abdominal section.—Dr. KINGSTON FOWLER referred to a case that occurred some years ago at the Middlesex Hospital which was the counterpart of Mr. Barker's. To Mr. Hulke, who operated, Dr. Fowler suggested that the right side of the abdomen should be searched with a view to finding the collapsed intestine; this was actually done and the site of obstruction was easily found. It was thought to be a volvulus that had been untwisted suddenly by drawing on the intestine. The patient lived four days and passed several copious motions, but died of syncope without obvious cause. Dr. Fowler opined that it was much easier to handle collapsed bowel, and his suggestion had been followed by Mr. Pearce Gould and Mr. Clutton and others.—Dr. CARRINGTON raised the question whether Mr. Barker's case was not one of acute peritonitis, observing that acute peritonitis and effusion were not common results of acute obstruction. The diagnosis of volvulus rested on the ecchymosed condition of the loop of the bowel and the passage of blood-stained matter. Both these factors might be accounted for on the supposition that acute peritonitis had set up an acute enteritis.—Mr. BARKER, in reply to Dr. Carrington, urged that the lowest four-fifths of the bowel were certainly not inflamed, and the patient at no time passed blood-stained fluid in the motions, or with the enemata; then, again, the work of Mr. Treves showed that acute peritonitis was very frequent—four out of eight cases—in the recorded instances. The intestine was not collapsed below the volvulus, but was slightly distended, which might be attributed to the peritonitis. The mode of onset and the remarkable way in which the symptoms disappeared after operation also favoured the diagnosis of volvulus.

The following living specimens were exhibited:—Mr. R. J. Godlee: A case Illustrating the Effects of Injury of the Cervical Sympathetic; a large (? neuro-fibromatous) tumour was removed from the right side of the neck of a girl aged eight, the pupil on that side was small, dilated but slightly when shaded, not at all with cocaine, contracted to light and in accommodation, dilated with atropine. Mr. R. W. Parker: Congenital Tumour of the Neck in an infant two months old, which almost disappeared during inspiration, being most prominent during the act of crying. Mr. G. H. Makins: Congenital Syphilis in a boy aged seventeen, with thickening and elongation of radii and tibiæ. Mr. C. Ballance: Compound Depressed Fracture of the Skull in the Right Temporal Region; removal of large pieces of bone, recovery.

EPIDEMIOLOGICAL SOCIETY.

Diphtheria.

A MEETING of this Society was held on Wednesday, Feb. 10th, Dr. Walter Dickson, R.N., President.

In a paper read by Dr. D. ASTLEY GRESSWELL on Diphtheria as a Chronic Malady in particular Individuals, with liability in them to Recrudescence, he put forward the following questions: "Is the chronic tonsillar inflammation which is left in particular persons after an attack of diphtheria due to continued sojourn in them of the material cause of diphtheria, and do the violent reactions of the tonsils of these persons to weather changes involve likelihood of rendering them diphtheritically infectious?" He had of late, while prosecuting inquiries into diphtheria in various parts of the country on behalf of the Local Government Board, come across a considerable number of persons who had been suffering from this condition, and he thought of them as having been the centres for dissemination of the virus of diphtheria in as many as six outbreaks of diphtheria. Dr. Gresswell detailed these outbreaks. In one of the outbreaks a boy who contracted diphtheria by personal infection in July, 1883, and who ever since had been subject to sore-throat, seemed to have been such a centre. In another instance a girl had been such a centre. The orphan inmates of an asylum were mentioned as having probably maintained diphtheria in their own persons for several years. In a family in which diphtheria had been repeatedly manifesting itself for some years past, one member seemed to have been an almost constant source of infection. He showed from these examples how the prevalence of diphtheria might be supposed to be sustained in a community. Analogies were drawn between the manifestations of chronic and recrudescent diphtheria and the manifestations of certain other diseases—syphilis, glanders, typhoid fever, &c. Special stress was laid upon the analogy which diphtheria in acute and chronic phases presented to gleet and gonorrhœa. Dr. Gresswell thought of rejuvenescence, as known amongst the cryptogamia, as being a phenomenon of like nature with that of the revival of the activity of diphtheritic and other virus in a person once infected by the virus. Finally, he dwelt upon the unwholesomeness of the dwellings in which these persons have generally lived; and he concluded with an exhortation that our dwellings might be made wholesome, and that the special attention of the therapeutist might be given to those persons who suffer from chronic tonsillar trouble sequent upon an attack of diphtheria.—In the discussion which followed, the President, Sir W. Smart, Dr. Thorne Thorne, Dr. Lawson, Dr. McKellar, Dr. Moir, and Mr. C. E. Paget took part.

SANITARY PROTECTION ASSOCIATION.—The fifth annual general meeting of the members of this Association was held on the 27th ult., when the council congratulated the Society upon the continued increase in the number of members. During the past twelve months there have been 424 first year's inspections at the residences of new members, 456 annual inspections, 282 inspections of works, 72 special inspections, and 30 inspections at Eton. The latter inspections were at the College and masters' houses. The statement of accounts presented showed the total receipts as £2422, and the total expenditure £1948, leaving a balance in hand of £474.

Reviews and Notices of Books.

Practical Bacteriology. By EDGAR M. CROOKSHANK, M.B., F.R.M.S., Demonstrator of Physiology, King's College, London. London: H. K. Lewis. 1886.

WE warmly welcome the appearance of this very handsome and practically useful book. Its author modestly styles it on the title-page "an introduction to practical bacteriology based upon the methods of Koch," but it is amply sufficient for any worker in this continually extending field of research. The publication of such a work, which supplies a distinct need, serves to remind us of the very great importance which the subject of bacteriology is attaining. It is not so long since the relation between micro-organisms and disease was regarded as hypothetical and visionary. Now we are convinced of its occurrence, for it is supported by an array of demonstrable facts, thanks to the large body of patient and careful investigators armed with the powers supplied by all the technical improvements of modern microscopy. The methods which have been elaborated to determine the presence and distinguish the varieties of bacterial organisms, and to prove their intimate connexion with morbid processes, are as delicate and as trustworthy as any employed in scientific research. But the study demands for its pursuit the devotion of much time, extreme care, and no little skill, and hence it has been pursued by comparatively few. In this country, especially, the bacteriologists form but a slender band, which will doubtless receive many recruits when so excellent a manual as the one before us becomes widely known. Nevertheless we venture to think that the time has come for a public recognition by the higher teaching bodies of the importance of this branch of science. It needs a laboratory specially fitted with appliances solely for its pursuit, whilst those who prosecute the research require to be biologists quite as much as pathologists. The institution of bacteriological laboratories should, then, we think, be seriously advocated, and we may appeal to the Universities to take the lead and found chairs of bacteriology, which should no longer be dependent for its study upon private enterprise, or be expected to form a part of the pathological courses. For just as the pathologist has to extend his range of view far beyond the regions of bacteriology, so also must the bacteriologist pursue his researches outside the limitations of pathology. We confess to a dread lest the progress both of pathology and of bacteriology suffer by the endeavour to combine the two branches of science, simply for the reason that at one most important point—that of the etiology of disease—they necessarily commingle.

It is impossible to avoid such thoughts in the presence of a work like this of Mr. Crookshank's, which shows how vast is the field covered by bacteriology. The style and matter of the book are wholly commendable. It is drawn up on a very systematic plan, and the details of the laboratory are expounded with great care and sufficient fulness to make them useful to all, whether those to whom these methods of research are familiar, or those who may desire to begin this fascinating study. In the first chapter are described the apparatus and material requisite for the laboratory; in the next the methods of examination of bacterial organisms in various media, and in cultivations; then follows a description of the preparation and staining of sections of tissues, the preparation of the several nutrient media and the methods of culture, the subject of inoculation experiments upon animals, and, lastly, the examination of animals so inoculated for the detection and isolation of the bacteria. Mr. Crookshank has certainly succeeded in imparting an enormous amount of information in this part of his work, which makes it just what a laboratory handbook should be.

The second part consists of a systematic description of all known micro-organisms, to which, in the case of the more important, are added practical directions for their detection. A comparatively brief, but interesting and accurate, review of the progress of knowledge concerning bacteria, and especially of their classification, introduces this part. The author adopts, and indeed closely adheres to, the classification given by Zopf in his monograph "Die Spaltpilze." At the same time it is fairly acknowledged that the arrangement of these minute organisms is a provisional one, and that morphological characters often do not indicate specific differences, which are to be sought in the whole life-history of the microbe. Some idea of the degree to which the search for micro-organisms has been carried may be gathered from the simple fact that, besides the eighty-one species described in this chapter, there are no fewer than eighty others which receive notice in the following chapter as having been observed by writers, but either not described or not distinguished as distinct species. The largest number of micro-organisms are to be found amongst the bacteriaceæ, with its six genera and forty-seven species, and to these may be added forty-one other species more or less indeterminate. Amongst the five genera of coccaceæ there are thirty species described, but the indeterminate class contains no fewer than twenty-five varieties of micrococcus and three of staphylococcus. The characters of each variety are clearly and succinctly set forth, the more important—as the bacterium pneumoniæ crouposæ, spirillum choleræ asiaticæ, spirillum obermeierii, bacillus anthracis, bacillus tuberculosis, and bacillus typhosus, &c.—being dealt with in fuller detail, with additional instructions as to the best methods of their detection. As an example of the mode of treating the subject we may cite haphazard the following, p. 131:—

"BACTERIUM UREÆ (Micrococcus ureæ, Cohn).—Cocci 1·25—2 μ in diam., singly or in chains and rods. The rods split up by division into chains of cocci, and the latter are finally set free. The cocci increase further by subdivision, and a jelly-like membrane develops around them. Masses of cocci exist in the form of irregular or rounded lumps. Cultivations after twenty-four hours consist exclusively of rods, after forty-eight hours of cocci-chains, and in fourteen days of zoogloœa; the cocci transplanted into fresh nourishing solution again grow into rods. These observations point to the existence of a pleomorphic species—*Bacterium ureæ;* and the former nomenclature, Micrococcus ureæ, must be regarded as untenable. They are aerobic; occurring in urine, they set up ammoniacal fermentation, converting urea into carbonate of ammonia."

In the appendix is given an account of the yeast and mould fungi, and also instructions for the examination of air, soil, and water.

A notable feature of the volume consists in the number and excellence of the coloured plates and engravings which abound. They alone deserve careful study, and they are simply invaluable as illustrations of the text. The bold type in which the volume is printed forms also an attraction which is not to be lightly disregarded. In fine, we are fairly justified in the opinion that the work is one which in every respect deserves, and will doubtless receive, a foremost place in scientific literature.

The Life of Sir Robert Christison, Bart., M.D., D.C.L., Professor of Materia Medica in the University of Edinburgh. Edited by his SONS. In Two Volumes. Vol. I.: Autobiography. William Blackwood and Sons, Edinburgh and London. 1885.

THE autobiography of any fairly efficient man covering fifty years of his active life, if well done in a literary respect, could scarcely fail to be of interest. Human life is a far more interesting piece of natural history than we are apt to imagine in these days, when it sometimes seems that to be considered interesting things must be visible only with

a microscope or a telescope. The interest of any human life increases of course with the individual qualities of it, and with its relation to others. In the case of Sir Robert Christison we have the life of a man who succeeded in attaining a considerable longevity, and who at any stage of life seemed to be up to his duty, and even his opportunities, and who filled for a long period a large space in the eye of his illustrious city and university, and had played no mean part in the history of British medicine, of medical jurisprudence, and of medical education. In a succeeding volume we shall see more of what others think of Christison; in this, the first volume, we see what he thought of himself, and that is a fine subject for study. Some very worthy men have had an excellent opinion of themselves, and every page of this autobiography justifies us in saying that Christison was one of those men who after careful stock-taking came to a fair amount of self-approval. He was not one of those men who prized popular applause. He doubtless thought with Pope—

> "One self-approving hour whole years outweighs
> Of stupid starers, and of loud huzzas."

And yet a very superficial knowledge of Christison, the professor, the physician, the witness in great cases, the member of the Medical Council, &c., will suffice to show that his high opinion of himself was shared by all good judges, and that in the multifarious subjects in which he took an interest the materials for a judgment were scarcely complete till he had spoken.

It is difficult to analyse the different parts of this autobiography in any notice possible in our space: we must do the best we can. Let us observe the fact that Christison seems to have had an abiding habit of making notes of the events of his life. So it happened that when he had completed fifty years of his professorship, and he could not conveniently climb a high mountain—his favourite recreation,—he bethought himself of finding complete relaxation and of saving his future biographers trouble, in compiling this autobiography, which abounds in everything that is high and good, and which will be read by most medical men, especially Edinburgh men, throughout the world. Lineage from the Vikings; High School contests of scholarship, and the history of High School rivals and contemporaries; the value of school successes as a prognostic of future success in life; the merits of classical *versus* scientific school-work; the Edinburgh University, and its long subjection to the Town Council; his voyages to London in Leith smacks; the London school and the backwardness of medical teaching when Christison came to St. Bartholomew's Hospital; the Paris school, and the charming word-portraits of its chief members, Majendie, Dupuytren, Orfila, and others; the fevers of Edinburgh, which Christison studied so well and took so freely; his six attacks of fever, with the careful observation for that time of a temperature under the tongue of 107°; the stories of Burke and Hare: the fortunate appointment to a physicianship in the Royal Infirmary in 1827, and his devotion to pathological and clinical work—are specimens of the material in which the volume abounds. And when we add that the literary style of the work is of the best, bold, correct, without pedantry, personal, faithful, whether relating a foolish duel in Paris or a contest for an Edinburgh chair, or the contradiction of scientific and legal opinion in courts,—we have said enough to justify an opinion that the book is one of the most valuable contributions to biography which we have recently had to notice, and to warrant us in looking forward with much interest to the second volume.

OUR LIBRARY TABLE.

The Student's Guide to the Practice of Medicine. By M. CHARTERIS, M.D. Fourth Edition. London: J. and A. Churchill. 1885.—The appearance of another edition of this little work shows that it is appreciated by students; and the author has certainly done his best to convey as much information as possible within its limited compass. Its revision has been undertaken upon the basis of the revised "nomenclature," and its value is enhanced by a copious Therapeutical Index and Glossary. The work is trustworthy, and may safely be recommended to the beginner, or used, as intended, for a "guide" to examinations; but it ought not to deter the student from seeking that fuller information which the larger text-books supply. The fear is that our examination system may tend to confine the student within too narrow limits, and that he is liable to be satisfied with a minimum of knowledge. The more excellent the manual for his purpose, the more likely is he to neglect that profounder study which, although beyond the requirements of an examining board, is very essential to the making of a sound practitioner.

Select Methods in Chemical Analysis (chiefly Inorganic). By WILLIAM CROOKES, F.R.S., V.P.C.S., Editor of the *Chemical News*. Second Edition. Rewritten and greatly enlarged. London: Longmans. 1886.—Mr. Crookes, whose discoveries in pure science have added so much to the empire of thought, has in this book conferred a most practical boon upon all who are engaged in chemical work. With labour which can only be appreciated by those whose lives are spent in the laboratory he has tested a large number of the new analytical methods which have been proposed of late years, and has arranged and sufficiently described those which were found to be useful and trustworthy. Of course the book is a compilation, but it is the compilation of a master who brings skill and judgment, and not mere paste and scissors, to bear upon his task; and equally, of course, it is imperfect, for the author has omitted methods which, being universally known, can be found in ordinary manuals. So greatly does the new edition differ from the old that it is correctly described as having been rewritten, but the old lines have been followed, and if the book is larger it is simply because so many new methods have been introduced. All the elements, even the rarest, are included. Thus we find minute directions for the separation of cerium, didymium, samarium, and lanthanum, the author justly considering that no one of them can properly be ignored. Such a work is obviously one for the chemist rather than the physician; but some chapters, notably the three last, which are devoted to general analytical processes, manipulation, and tables, will be of the highest value to all workers in physiological and hygienic chemistry. The description of modern methods of filtration and gas analysis, sufficiently illustrated by woodcuts, would alone render the book valuable to the physiologist. To the chemist it is essential.

St. Bartholomew's Hospital Reports.—The "In Memoriam—Francis Harris, M.D." has been written by Dr. Samuel Gee in his precise, truthful, and learned style. Dr. Norman Moore gives an introduction to "The Book of the Foundation of St. Bartholomew's," which work is very quaint and interesting. Here are a few headings of chapters:—"Of a Woman y take with the palsy"; "A Myracle of a Mayde"; "Of a Childe that receyvyd his Syght;" "Of an howse untouchid yn myddyl of the Fyer"; "Of a certeyn Yonge Woman." Drs. T. C. Shaw, Ormerod, Percy Kidd, V. Harris, S. West, Norman Moore, Habershon, A. E. Garrod, H. H. Tooth, Herringham, Ferguson, Roughton, Duckworth, Bullar, Haig, and Styan, and Messrs. Spicer, Owen Lankester, C. A. Norton, Walsham, and Butlin, contribute articles on various subjects. Dr. W. S. Church's note on the "Six Gifts of

Theophilus Philanthropos, or Robert Roole," an appendix to "Our Hospital Pharmacopœia and Apothecary's Shop," vol. xx., p. 279, is full of curious matter.

Royal London Ophthalmic Hospital Reports. Edited by MARCUS GUNN, M.A., F.R.C.S. Jan., 1886.—This, the first part of the eleventh volume, contains the following papers: 1. E. Nettleship on the Pathological Changes in Syphilitic Choroiditis and Retinitis. 2. Arthur Benson on the More Modern Operations for Trichiasis. 3. W. Jennings Milles: The Curator's Pathological Report, embracing the subjects of Detachment of the Vitreous Body, cases of Intra-ocular Sarcoma producing Sympathetic Ophthalmitis, and cases of Sympathetic Inflammation of the Eyeball. 4. W. A. Brailey on Intra-ocular Sarcoma exciting Sympathetic Disease. 5. E. Nettleship: Miscellaneous Observations and Cases. 6. Marcus Gunn on Sympathetic Inflammation of the Eyeball.

The Journal of Physiology. Edited by M. FOSTER. Vol. 7, Part 1.—This part is entirely occupied with a long and valuable paper by W. H. Gaskell on the Structure, Distribution, and Function of the Nerves which Innervate the Visceral and Vascular Systems. The memoir is illustrated with four plates.

Burdett's Official Intelligence.—Mr. Burdett's admirable book reaches its fifth number in the volume for the present year. To such as are at all familiar with the literature of the Stock Exchange it will be unnecessary to say more than that the present volume will fully sustain the high reputation for completeness and accuracy which the work has enjoyed from the first. The book, indeed, stands quite alone in English literature, giving as it does a financial abstract of every joint stock company in the United Kingdom, and a statistical account of every negotiable security, whether British or foreign, that is offered on the Stock Exchange. It is not only thus encyclopædic in its range, but it is equally conspicuous for the fulness and precision of the information conveyed. The author has made excellent use of his position to collect his facts at first hand from those who know them best, and has made them accessible by an excellent system of arrangement and a copious index. A notable feature of this work are the dissertations on financial topics, which form a preface to the statistical matter. These are of much more than merely passing interest. For example, the number now under review contains as clear a *résumé* of the fiscal system of Great Britain, under the title of "Imperial and Local Taxation," as can well be compressed into five-and-thirty pages. Indian finance, again, is made the subject of another essay—less complete, indeed, but still full of suggestion and information for the general reader, who may have Indian securities in his view. Another paper of peculiar interest at the present time is that on "Colonial Loans, Finance, and Development." In a word, whether regard be had to the literary or the tabulated matter, the book will be pronounced excellent by everybody who has recourse to it, and as there is no class throughout the community to whom the judicious investment of savings is a matter of more vital importance than it is to medical men, we gladly acknowledge the service which Mr. Burdett has rendered to them.

ROYAL HOSPITAL FOR CHILDREN AND WOMEN.—The annual court of governors of this institution was held on the 26th ult., when it was stated that during the past year the in-patients had numbered 479, the out-patients 6015, and the patients attended 28,054. The committee appeal most urgently for new annual subscriptions in order that the income of the hospital, which is now about £2000 per annum less than the required expenditure, may be placed on a firmer and more permanent basis.

VACCINATION GRANT.—Mr. S. A. Jolly, of Puddletown, Dorchester, has received the Government grant for efficient vaccination in his district.

New Inventions.

THE BURROUGHS MODEL MEDICINE-CHEST.

MESSRS. BURROUGHS, WELLCOME, & Co., of Snow-hill, have submitted to our notice their new medicine-chest, which they claim to be compact, portable, of good quality, and moderate cost. Most of the medicines contained therein are in the form of the well-known Wyeth's compressed tablets, consisting solely of the actual drugs. Those which are intended for local effect upon the mouth and throat are compressed quite hard, so as to dissolve slowly, and to have the effect of a prolonged gargle, as, for instance, the tablets of chlorate of potash, to the utility of which we have on a previous occasion directed attention. Those tablets which are intended for internal administration are so compressed as to disintegrate readily. In addition to these tablets, the chest also contains "valoids" of belladonna and aconite, which are stated to represent the activity of the best quality of the drugs in a highly concentrated form, each minim representing a grain of the drug. Another bottle contains "eucalyptine," a preparation of the eucalyptus. The remaining contents of the chest comprise peptonising powders (Fairchild's), zinc ointment, spermaceti ointment,

bandages, antiseptic pads, and a measuring-glass. With regard to the latter, we would suggest that it would be much improved if graduated in drachms, &c., instead of the domestic but unsatisfactory "spoons." The box is neatly made, and forms a really handy and excellent little medicine-chest. It should, however, containing as it does concentrated solutions of such deadly drugs as aconite, belladonna, &c., be provided with an efficient lock and key, instead of the ordinary hasp with which the specimen sent to us is furnished. The bottles which contain the solutions alluded to are of blue glass, and so shaped as to avoid all chance of error; but they might be more obviously labelled with the danger signal of "poison," and their corks might be more efficient. Doubtless, however, these are inadequacies which the designers will remedy before submitting the chest to the profession. The complete contents are:—Tablets of salicylate of soda (5 grs.), Dover's powder (5 grs.), potass. chlor. (5 grs.), bismuth subnitr. (5 grs.), ammon. chlor. (3 grs.), nitrate of potash (5 grs.), bisulphate of quinine (2 grs.), potass. bicarb. (5 grs.), cathartic comp. (U.S.P.), "soda mint." and peptonic tablets, "valoids" of aconite and belladonna, eucalyptine, peptonising powders, zinc and spermaceti ointments, antiseptic pads for wounds, bandages, and a measuring-glass in case. It is certainly difficult to imagine how more could be included within so small a space.

THE LANCET.

LONDON: SATURDAY, MARCH 6, 1886.

A SUMMARY of the measure by which it is now proposed to amend the Lunacy Acts will be found in another column. The main provisions again set forth have been discussed from time to time; in fact, there is no feature of novelty in the Bill introduced by the present Lord Chancellor, and, except that the necessities of procedure required that it should be brought in by a member of the Government, the Earl of SELBORNE might have reintroduced it. In principle we have already expressed approval of the purposes formed, and, speaking generally, of the several means by which it is designed to compass them. There are matters of detail which will require to be discussed later on, but nothing will be gained by criticising clauses of the Bill until it has reached a stage of greater advancement. Indeed, it must be in the House of Commons that the fate of the measure is decided. We are glad to know that the Government is in earnest on the subject of lunacy law reform, and that it is prepared to afford greater protection to the sane, while the prompt treatment of insanity in its earliest beginnings is facilitated by the obvious policy of removing absurd restrictions. The extension of the voluntary system to England is of great importance. As regards the "private asylum question," we think that may be hopefully left to adjust itself, under the influence of a provision that public authorities may—it ought to be *shall*—provide for private needs. Meanwhile, though giving a cordial assent to this Bill as far as it goes, we can bate nothing of our original contention that the whole subject of certifying is in urgent need of a "root-and-branch" revision. The new safeguards to be created by this measure will doubtless be of some service, and in the absence of better help we accept them thankfully; but what is really needed is such a system as should place the treatment of mental disease on a strictly professional footing, by making it a medical function, and permitting the practitioner to act solely as a physician, without loading his actions with the intolerable burden of a legal significance. Medical certificates ought to have no force as legal warrants. Such a force is wholly foreign to their nature and purpose, and alien to the character of those who sign them. Physicians ask nothing from the law in aid of the treatment of the insane. They do not desire more control over their patients than the common law gives every citizen for the protection of his neighbour or himself in case of emergency, and which amply covers all a practitioner needs to enable him to treat a case of delirium or excitement arising from any cause. The requirement of formal certificates which brand the persons named therein as lunatics and disable them from the exercise of legal rights, such as the making of wills and the signing and execution of deeds, is a monstrous demand on a profession which is, or ought to be, exclusively engaged in the remedy of morbid affections, and has neither the time nor the inclination to do dirty work for the law.

THE presidential address recently delivered by Dr. DALLINGER before the Royal Microscopical Society afforded an insight into the extent to which the modern improvements in microscopical technique are enabling the observer to penetrate the mysteries of cell life. The nature and functions of the nucleus have long been subjects of controversy; and we have had opinions ranging from an admission that the nucleus is the most important element in the cell to those which regard it as inert and useless. The remarkable researches of FLEMMING and STRASSBURGER upon karyokinesis have practically determined the question of the importance of the nucleus, besides showing how complex is its structure; and Dr. DALLINGER's studies, although in the same direction, have carried us a great deal further. He observed the behaviour of the living nucleus in the lowliest monads or septic organisms, and has, by the use of the highest available microscopic powers, thrown a flood of light upon the subject. These organisms multiply ordinarily by fission—a process in which the nucleus shares; but the two last products of a long series of fissions are seen to fuse together, and after a period of rest their investing envelope bursts, liberating numbers of germs. These germs, at first semi-opaque, become within from fifteen to thirty minutes hyaline, and increase in size up to a certain point. The germ now appears devoid of vitality, but in point of fact it is the nucleus itself which has passed into a resting state for the purpose of elaborating its internal structure. A delicate investing membrane is formed, then the protoplasmic substance becomes granular, gradually assuming formed characters in the production of extremely delicate threads, which by a process of weaving or plaiting soon bestow on the whole of the nuclear body a definite structure. Material now forms on the exterior of the nucleus, until the organism finally attains its adult size and begins to move. In the monads observed the flagellum appears suddenly, and can be seen to be derived from the nucleus. Thus, even in these unicellular organisms, we seem to have a sexual process alternating with a process of mere fission. The union of two organisms, their fusion into one, is followed by the production of germs; these germs are the nuclei of the future organisms, and they contain within them the power of developing into the fully formed monad, the production or secretion of the cell-protoplasm being preceded by a series of changes within the substance of the nucleus itself—changes which may be compared with those occurring in the impregnated germ of higher forms of life. Equally interesting are the facts which Dr. DALLINGER observed in the further life-history of these microbes. He says that in about five minutes after the adult stage is reached fission commences, and he has been able to see that this process of self-division is initiated in the nucleus. Indeed, we have here the karyokinetic process reproduced, for the first indications of change are observed in the plexiform structure, which becomes in great part aggregated at one pole of the nucleus; and then ensues the division of the

nucleus followed by that of the body-substance, the two nuclei presenting the plexiform structure throughout. When the fission process is at an end and is about to give place to the generative, then the organism takes on amœboid characters and fuses with its fellow. The fusion is complete—cell body and cell nucleus merging into one uninucleated organism; but before this happens the nucleus has lost its plexiform structure and becomes enlarged and milky-looking, finally diffusing through the whole body substance of the globular mass, which is then transformed into a germ sac. The process of generation is completed in about six hours, when the sac ruptures and gives issue to the countless germs whose further development was alluded to above.

A mere bald statement of these discoveries can give no idea of their importance, or of the patient labour involved in them. We are in the presence of the "infinitely little," and have been permitted to witness the process of generation in its simplest manifestation. It seems hardly possible that we can penetrate further; indeed it is questionable whether it is optically possible to produce more delicate instruments than those with which Dr. DALLINGER worked. Nor is it possible to go beyond the facts which he has adduced—as for example, to inquire into the nature of the influence, call it spermatic or other,—whereby from the fusion of two cells a host of potential cells arise, each of which has the properties of its parent, and is destined to undergo the same cycle of changes. But if we are limited by the imperfection of our faculties and instruments, we are yet made aware of a fact which is capable of the widest application—namely, that the cell-nucleus is possessed of inherent powers, which render it the essential constituent of the cell itself; that it constitutes the ultimate germ (and sperm) whence the organism is evolved. Moreover, we can grasp more clearly from these researches the rapidity with which the process of generation is carried on among these microbes, and are more fully impressed than ever with the teeming life that everywhere abounds. As Dr. DALLINGER remarked, "We are no nearer to the solution of what life is," but through him we have had displayed the vital process in its simplest expression. To attain this knowledge he must have devoted hours to continuous observation of one special monad; he must have watched and chronicled every change that it underwent, employing for this means the most exquisite apparatus that can be devised, with the result that biological science has been enriched by a series of facts which a short time ago would have been deemed to rank among the unknowable.

No branch of practical surgery is of more universal importance than that which deals with the arrest of hæmorrhage. Not only is bleeding an almost universal attendant on wounds, and the loss of the vital fluid if carried beyond a certain minimum degree a matter of extreme moment, but the arrest of all oozing from wounded vessels has an important influence upon the process of repair. The question is invested with the highest interest to the student, on account of the remarkable natural processes which participate in the repair of injuries to bloodvessels, and also from the enormous benefits which have accrued to mankind from the improvements which have been introduced into this department of practical surgery, and which stand out as chief landmarks in the history of the art. The introduction of the ligature is undoubtedly the greatest improvement ever made in the treatment of hæmorrhage, and so strong is the faith of surgeons in it that it would be a matter of the utmost difficulty to supplant it by any other measure. Two more modern methods of treatment, however, are destined in all probability very largely to limit the use of ligatures—viz., torsion and forci-pressure. Although torsion of arteries was known to the ancients, it was rediscovered and introduced into practice by AMUSSAT in 1828, and two celebrated French surgeons, VELPEAU and THIERRY, urged its claims, and largely practised it. About the same time FRICKE introduced it into Germany. Slowly it travelled over to England, where it excited little attention until the surgeons of Guy's Hospital—COOPER FORSTER and BRYANT in particular—and Mr. CALLENDER, showed that it was a simple and very trustworthy method of arresting hæmorrhage from even the largest arteries. Its superiority to the old hempen ligature is incontestable; but the introduction of unirritating and absorbable animal ligatures has somewhat altered the terms of comparison between ligature and torsion, and much more closely assimilated the two methods. In each case the separation of the end of the artery is avoided, and a button of tissue at its end is either slowly absorbed and replaced by living tissue or encapsuled by it. As, therefore, the *modus operandi* of the two methods is almost precisely the same, the comparison between them must depend upon the special readiness with which each may be employed. Both are alike rapid, and in dexterous hands certain; but torsion has the great advantage over the ligature of not requiring the aid of an assistant. The surgeon himself seizes the artery and twists it, while for the ligature it is necessary that while one holds the vessel in the forceps another throws the thread around it. A second great advantage on the side of torsion is that in its application the surgeon is entirely independent of others for the preparation of his material. But when using prepared catgut or such-like ligatures, the surgeon is dependent upon the maker of the catgut in the first place, and then upon its having been rendered completely aseptic. Atheroma or advanced calcification of an artery renders it very readily occluded by torsion, although, strange to say, it is even yet to be found in surgical text-books that for torsion to succeed, a healthy state of the artery wall is essential. There is one condition, however, which militates very powerfully against successful torsion, and that is peri-arteritis, or adhesion of an artery to its sheath; in such cases the vessel can be seized together with its sheath and easily ligatured, but torsion is almost if not quite impracticable. Torsion s also inferior to the ligature for the closure of wounded veins.

The case of the smaller arteries is again different; for torsion to succeed, it is important that the vessel be seized cleanly and gently drawn out from its sheath before it is twisted, and the smaller the artery the more difficult does this become. The same condition renders it difficult to surround a vessel cleanly with a ligature, and surgeons are in the habit of seizing a small bunch of tissues around a small artery and including the whole in the noose. There

is, however, one drawback to such a step, and it is that the ligature may slip and the bleeding burst out anew. It is just in such cases that forci-pressure is so valuable. Few instruments have done more to simplify operations than the valuable hæmostatic forceps introduced by KOEBERLE and SPENCER WELLS. The same principle had been made use of many years ago by DIEFFENBACH in his "bull-dog" forceps, but the modern instrument is vastly superior to his. The forceps can be used in two or three ways. Thus they are employed to compress strands of tissue previous to their division with a knife, or bleeding points are seized by them and occluded, until by torsion or ligature the wounded vessel is safely closed. But, in addition to this, they are of extreme value as sole hæmostatic agents. When an artery is compressed in this manner its two inner coats break across and curl up inside, while the outer coat has its elasticity destroyed, and is squeezed into a corrugated, flattened band. An internal coagulum speedily forms on the inverted inner coats, and the fate of the compressed end of the vessel is similar to that of the knob at the end of a twisted artery or to an aseptic absorbable ligature and the tissue it includes. Quite small arteries are very quickly occluded by such forceps, but when the vessels are larger it is necessary to observe two precautions. The first is to remove the forceps with great gentleness, in order that in so doing the compressed outer coat may not be opened out through the tendency of the tissue to adhere to the steel. The second is not to remove the forceps too quickly, but to wait until the blood has had time to begin the formation of the internal coagulum. The best way of employing this hæmostatic agent, in such a case as the excision of a tumour or the amputation of a breast, is to seize each artery as it spouts with a pair of forceps; then, when the excision is completed, and the surgeon has satisfied himself of the sufficiency of the operation, and that there are no other bleeding points requiring attention, the forceps should be carefully removed one by one, in the order in which they were applied. By adopting these precautions it is usually unnecessary to employ any other means for the arrest of hæmorrhage unless a considerable artery is wounded. Similarly, in an amputation, when the main vessels have been picked up and twisted or tied, if these pressure-forceps are applied to every point which bleeds when the tourniquet is loosened and removed, and then these forceps are carefully removed in the order in which they were applied, all the vessels will be found securely sealed in the great majority of cases. The arrest of hæmorrhage in operation wounds has been in this way reduced to the greatest simplicity, and not the smallest advantage has been the adoption of methods which can be employed by the surgeon unaided.

While, therefore, the aseptic ligature, properly prepared and applied, is a thoroughly trustworthy means of treating hæmorrhage, we would limit its application to the cases of large arteries in which torsion is inapplicable, to cases of hæmorrhage from smaller vessels not quickly arrested by forci-pressure, and to the case of wounds of large veins In the case of large and medium-sized arteries, where torsion is not specially contra-indicated, we believe it to be superior to the ligature, and in the vast majority of cases of bleeding from small vessels forci-pressure is the most simple, expeditious, and efficient means for its arrest which the surgeon has at his disposal.

THE metal tin, though long known, for it was used in the manufacture of bronze, has not entered to any large extent into the Pharmacopœias of this, or, so far as we know, into those of any other country. The word "bedil," which is translated "tin" in the Old Testament, "stannum" in Latin, and *κασσίτερος* in Greek, is not certainly to be identified with that metal, and, according to ROSCOE and SCHORLEMMER, it is doubtful whether the metal which the Phœnicians are said to have brought from the Cassiterides, whose exact locality was unknown to HERODOTUS, was really tin. It is certain, however, that the metal was known to PLINY, that after CÆSAR'S conquest it was obtained from the Cornish mines, and that DIODORUS SICULUS describes its conveyance to a small island named Iktis, the topographical features of which, as described by him, correspond accurately with those of St. Michael's Mount in Cornwall.

Most authors hold with ORFILA that tin has no toxic properties, since it is but slightly attacked by a solution of hydrochloric acid of the strength in which this acid exists in the gastric juice, and hence can only be absorbed in small quantity. According to Dr. PATENKO of St. Petersburg, who has lately devoted himself to the study of the toxic effects of tin, it has been administered in England in the metallic state, in accordance with instructions given by Dr. ALSTON, who published some lectures on materia medica in 1770. These instructions are that the patient should take a purgative of senna and manna on a Thursday before a new moon; on the following day an ounce of metallic tin is administered in four ounces of syrup; on Saturday half an ounce more tin is administered in two ounces of syrup, and the same quantity on Sunday; on Monday another purge of senna and manna is given. The success of the remedy, if it ever prove successful, has been attributed by some to the presence of arsenic, which is always present in ordinary tin; whilst MM. CAHOURS and SOLYET consider that an active compound, distannethyl, may be formed in the intestine and become the active agent. Other experiments have shown that the injection of the protochloride of tin into the jugular vein of a dog, in doses not exceeding five grains dissolved in ten parts of distilled water, causes death with tetanic symptoms in from one to fifteen minutes, or if ingested, vomiting, debility, and death. On post-mortem examination the gastric mucous membrane, and even that of the duodenum and jejunum, exhibited thickening and ulceration.

M. PATENKO'S researches, pursued in Professor VULPIAN'S laboratory, were confined to the metal itself and to the bichloride. He commenced by giving to two dogs three grains of chemically pure tin in powder once daily with the food, and continued its administration for six weeks. No indications of any injurious effects were observed; on the contrary, the animals preserved excellent appetites, and were lively and gained in weight. It was incidentally shown at the necropsy of one of the dogs that the metal had not caused the expulsion of numerous ascarides with which it was infested, nor of a tænia serrata. The urine contained no tin, nor was any found in the brain, liver, spleen, or

kidneys. The powder was present in the fæces. It did not therefore appear to be absorbed.

The administration of the bichloride of tin gave different results. The animals experimented upon were frogs, guinea-pigs, and dogs, and it was injected subcutaneously, thrown into the peritoneal cavity, and introduced into the stomach. When subcutaneously injected it caused, in small and diluted doses, local anæsthesia, which augmented and extended when larger quantities were employed. Strong solutions caused gangrene, which penetrated deeply, destroying not only the whole thickness of the skin, but subjacent organs, such as the liver and stomach. Injections made into the peritoneal cavity exhibited its caustic properties, but no special peculiarities. Injected into the veins, in doses not exceeding three-fourths of a grain, death rapidly followed, but the immediate cause of death was not apparent, and has not been ascertained, though it was probably due to the action of the agent on the central nervous system and upon the muscles. The action on the stomach was not marked; even when given in rather large quantities for some time with the food, it only caused indigestion. On the whole, therefore, the observations of Dr. PATENKO confirm those of previous experimenters, and show that the metal has no poisonous action, but that the bichloride acts essentially on the central nervous system and the muscles.

WE have somewhat recently commented on certain views which Dr. GRESSWELL has enunciated in connexion with the recurrence of diphtheria in families and with its appearance in individuals without apparent chance of its having been contracted from any recently acute case; and, as will be seen from our summary of the proceedings of the Epidemiological Society, these views were at the last meeting of that Society discussed at some considerable length. Any carefully considered opinions connected with the etiology of diphtheria are worthy of notice, for the disease is one about the causation of which little that is definite is known; and all who have had the opportunity of perusing the reports which Dr. GRESSWELL has prepared on diphtheria for the Local Government Board will at least give him credit for painstaking investigations into the matters concerning which he writes.

The special view to which we now advert is that diphtheria, instead of being merely an acute infectious fever, may become chronic and be marked with periods of infective recrudescence. Thus, persons have often been met with who, whilst suffering from this so-called recrudescent diphtheria, have apparently been the starting-point for the fresh infection of a large number of persons hitherto healthy, and indeed for a fresh outbreak of the disease in a community; and it has been found that the persons who have acted as the originators of such outbreaks have themselves been sufferers from diphtheria some months before, and that what has apparently been in them nothing but a slight attack of tonsillitis has developed infective properties leading to a diffusion of the original malady in a marked form. So, also, children who have been apparently quite cured of their diphtheria, and whose fauces have assumed a healthy appearance, have some months after been found with diphtheritic patches about their tonsils, and they have then acted as centres of infection to others. It is of course somewhat difficult to say whether such cases are due to renewed infection, or whether they result from a renewed vitality of the original infection, but from the number of instances in which these sets of conditions have been observed Dr. GRESSWELL is inclined to the latter view, and he has taken occasion to support his opinion by reference to a considerable number of cases which he regards as somewhat typical examples of the occurrences referred to.

The analogy of other diseases is also quoted in support of this view. Thus, syphilis is cited as a disease which first appears as an acute disease and then in a chronic and recrudescent phase, and this without there having been any chance of renewed infection. Ague and its periodic recurrences, and the relapses of such diseases as relapsing fever and enteric fever are quoted as bearing upon the point. Glanders, again, is referred to as being acute on the one hand, or chronic and associated with active states when infectiveness reappears on the other hand. The relation of gleet to gonorrhœa is also spoken of in the same connexion, and a further analogy is found in certain phases of the development of protoplasmic molecules. It is finally suggested that the recrudescence of disease in the cases referred to is nothing but the rejuvenescence of a specific parasitic organism after one of those stages of rest which may be observed in the life history of so many organisms.

During the course of the discussion on Dr. GRESSWELL'S paper it was pointed out that many of the phenomena of diphtheria to which he had adverted might be explained in a very different way; but we do not refer to the question with the object of supporting one set of views or the other. We have rather drawn attention to the paper in order that other observers who are likely to have practical acquaintance with diphtheria in all its phases may have an opportunity of testing the validity of the view which has been formulated. Any step in the direction of acquiring accurate information concerning the various phases which this obscure disease exhibits, or of getting rid of views as to it which will not bear the test of experience, will help towards the solution of a difficulty which is very generally felt.

Annotations.

"Ne quid nimis."

THE HOMES OF THE WINDSOR POOR.

THE complaints we have raised concerning the housing of the poor at Windsor promise to bear fruit. As we explained at the time in our special report on the subject, the grievance is of old standing, but till recently it has always been successfully hushed up. The Rev. Arthur Robins has for more than ten years agitated this question, and consequently he became one of the best-abused men in Windsor. There were interests at stake which the necessary improvements might compromise; and many efforts were made to conceal the truth from both the Royal Family and the public. This, however, was no longer possible after the publication of our report minutely describing some of the slums of Windsor particularly as the matter was then taken up by the press generally. The *Standard* and *The Times* gave great prominence to the grievance, the provincial newspapers reprinted all the information, and even some Canadian and Australian

papers protested against the shameful condition of the Royal borough. We need scarcely remark that, in such a campaign, the partisans of sanitary reform early elicited the full sympathy of Her Majesty. Indeed, the entire Royal household and also the household troops are naturally at one with us in the desire to see the poor of Windsor profit to the full by the sanitary legislation which till now has remained almost a dead letter in this historic town. The force of outside public opinion having thus fairly turned the tide, many of the notable inhabitants who but a short time ago protested that the complaints were grossly exaggerated are now loud in their demands for reform. The indignation meetings which were to be held against us are all forgotten; even the Rev. Arthur Robins, who, it was suggested, deserved to be thrown into the Thames, may soon be recognised as a public benefactor. In any case, the Bier-lane district, which he has so long denounced, is at last definitively condemned. Mr. Richardson Gardner, M.P., recently presented a scheme to the corporation for rebuilding the whole of this slum. He proposed to raise, we believe, some £50,000 in £5 shares; and the company to be formed will be under the patronage of all the influencial residents in the neighbourhood, including two Royal princes, whose names, however, we are not as yet at liberty to mention. The vile houses, constituting the courts leading into Bier-lane, will be pulled down, including the rag shop and the slaughter-house that stand within a stone's throw of the Castle walls. Modern dwellings will be built in their stead, and these, it is maintained, will yield a fair interest on the capital invested. Already there are five good new cottages in Bier-lane, which, though rented at only 4*s.* 6*d.* a week, are, financially speaking, a sound venture. The work which will now be done might have been undertaken long ago, seeing that at present there seems little or no resistance. It must nevertheless be acknowledged that the storm we have succeeded in raising by means of the press has materially contributed to bring about this result; for the land can now be obtained at a reasonable price. Some time ago a gentleman offered to buy four or five hovels, but could not do so because the owners were making about 40 per cent. out of this low-class property. Now the cry is so strong, and the prospect of the intervention of Parliament so far probable, that it would not be safe to ask any exorbitant price for the land. The district therefore will be bought up and rebuilt, and thus the Alsatia of Windsor, where both the cholera and small-pox epidemics first broke out, will be swept away. Model cottages and houses, built, if possible, in a style to match with the grand old Castle which will tower above them, are to be completed in time for the Queen's jubilee. The work of regeneration must not, however, stop here. Close to the Castle and near the station, Bier-lane is the most obvious eyesore of Windsor; but there are other equally vile hotbeds of dirt, dilapidation, and demoralisation. The defects of South-place are, from a sanitary point of view, even worse than those of Bier-lane. Yet some idea of this latter district may be gathered from the fact that the material—window frames, doors, bricks, planks, rafters, &c., which constitute the twelve or fourteen houses of Red-lion-row, Bier-lane—only realised at auction the sum of £20. This same property produced in rents £100 a year; thus again showing that the worst property is often the most remunerative, and that nothing but an awakening of the public conscience can bring about the purification of these wretched dwellings, where unscrupulous speculators are able to profit by poverty, crime, and vice to extort exorbitant rents.

MR. COOPER FORSTER.

WE much regret to have to announce the death of this well-known and distinguished surgeon, who expired at his residence in Upper Grosvenor-street on Tuesday last from the effects of an attack of enteric fever. Mr. Cooper Forster left London on Jan. 21st for Cannes, where he arrived two days later, and where he stayed until Feb. 16th. He then went to Nice, remaining there four days, and subsequently to Mentone, which latter town he left for home on Feb. 23rd. We understand that when he left London he was in good health, and that on Feb. 13th he wrote a letter to Dr. Wilks from Cannes in which he did not in any way allude to the state of his health. We are informed, however, that on Feb. 3rd or 4th, on returning from a walk of some distance, he felt unwell and vomited, and from that date he gradually became worse. He expressed great dislike to the foreign food and manners, and his appetite not returning, Mr. Forster decided to come home at once, and accomplished the journey from Mentone, one of thirty-six hours, without stopping and without taking other nourishment than a biscuit and a bottle of soda-water. He sent for his old colleague and friend, Dr. Wilks, on the morning after his arrival. Dr. Wilks found him in a state of collapse, with rapid jerky breathing, and a temperature of 103° F., and on the following day called in Dr. Habershon, who also remained in attendance till the end. On Sunday Sir James Paget and Mr. Jonathan Hutchinson met the above-named gentlemen in consultation, but unfortunately Mr. Cooper Forster never rallied, and died from exhaustion on Tuesday, in the sixty-third year of his age. Mr. Cooper Forster, who was President of the College of Surgeons last year, had retired from practice on the very day on which his office as president expired, having that afternoon given orders for the removal of the plate from his door. Mr. Forster, during his stay in the Riviera, had stopped at hotels in the towns he visited. The funeral takes place at Kensal-green to-day (Saturday), leaving Grosvenor-street at 1.30 P.M.

PASTEUR ON HYDROPHOBIA.

THE total number of cases that have now been treated for the prevention of hydrophobia amounts to 350. The first 200 of the cases appear to have been submitted to the preventive inoculations more than two months ago. M. Pasteur asserts that statistics prove that in the majority of cases of hydrophobia in man the disease develops within sixty days of the receipt of the bite of a rabid animal. Consequently he claims that his treatment has been most successful, seeing that not a single case submitted to him, within a reasonable time after the bite, has developed any signs of hydrophobia. We confess that such a conclusion is in every way reasonable: it is reasonable, not so much from the statements as to time, as from the circumstance that so large a number is dealt with. It appears to be inconceivable that of 200 cases of certified bites from rabid dogs not one should be followed by hydrophobia if the treatment be not assigned as the cause of the immunity. We could explain away the immunity if only a few cases were concerned, but hardly, we think, where so large a number of individuals have been bitten more than sixty days ago, and yet without any becoming the subject of hydrophobia. Only one case, which Pasteur unwillingly treated, has succumbed to the disease. This was the case of a girl who had been bitten thirty-seven days before he saw her. Symptoms of the disease appeared ten days later, and, if the case proves anything, it goes to support M. Pasteur's opinion, for the fatal result occurred well within the period above mentioned as the most probable time for the appearance of the disease. In science, and especially in medical

science, caution at all points must be exercised; but if the success hitherto achieved by the Professor be maintained and strengthened by the further experience of a few more months, the method will prove a boon to humanity, a gain to science, and justly merits the applause of the human race. M. Pasteur announced his intention last Tuesday of endeavouring to overcome diphtheria by measures similar to those adopted against small-pox and hydrophobia.

A NEW FRAUD IN MILK.

A LETTER which has lately appeared in one of the morning papers states without exaggeration a risk to which the milk-supply of London and other towns is exposed. The Health Exhibition of 1884 made all the world familiar with the ingenious and useful cream separators, in which, by centrifugal action, cream is separated from milk in a few minutes. The process is an excellent one. The cream is, as we have found by recent analyses, of good quality; while the skim-milk—for so we must call the residual milk,—not having had time to undergo the lactic fermentation, is sweet, palatable, and a most valuable food. Considering the high price obtained for the cream, whether as cream or butter, the skim-milk ought to be sold at a very low price, and if properly described, say as "separated milk," it would be a boon in all households, and particularly in poor ones. But the very fact that this skim-milk is so like ordinary milk suggests the possibility of a fraud which is only too likely to be adopted by unscrupulous tradesmen. In the letter to which we have referred, "A Consumer," who evidently knows what he writes about, expresses his belief that this skim-milk is mixed by the vendors with ordinary milk, and, sold at 3*d.* or 3½*d.* per quart, yields a much better profit than genuine milk at 5*d.* The question, then, arises—How is this new fraud (for a fraud on the consumer it obviously is) to be met? Unfortunately the answer is by no means easy. Even if, as "A Consumer" suggests, a raid were made on the stations where such skim-milk was known to be delivered, it would be difficult to prove that it was destined for fraudulent purposes; and once inside the premises of the vendor, who can say what becomes of it? It will perhaps be said that such an admixture can be detected by analysis, as the removal of cream and the addition of water are. But unfortunately the analyst cannot detect any one of these frauds unless they are practised to an extent that a skilful tradesman can easily avoid. Milk is not an article of constant composition, but a variable mixture, and the public analyst is therefore compelled, in order to avoid the risk of injustice, to take as his standard the very poorest milk. The limits at present approved are, as is well known, fat 2·5 per cent., and solids not fat (casein, sugar, and ash) 8·5 per cent. This is a very poor milk indeed, poorer than should be sold except with special description and at a lower price. But down to these limits the wily milkman may water, skim, or add skim-milk, and laugh at the public analyst. We suppose he could be convicted if the inspector saw the water added, but even this seems doubtful, as in the case we have supposed the analyst would be unable to prove adulteration by certificate. The only difficulty in the case arises, as we have on previous occasions pointed out, from the absurd state of the law. After the Food and Drugs Act came into operation it was found that it was powerless to prevent the fraudulent addition of water to spirits. Pure brandy is not pure alcohol, and there was no rule by which any judge could decide how much water brandy might naturally contain. Accordingly a second Act was passed defining the quantity of water to be allowed in brandy and other spirits, and since then there has been no difficulty at all. We hold that in the same manner limits of strength should be assigned by Act of Parliament to milk. The fat should be 3 per cent. and the other solids 9 per cent., and it should be the duty of the vendor not to sell any milk below these limits. The watering or skimming of milk would then be no offence in the eye of the law, and we believe that a considerable strain upon the consciences of many tradesmen would in this way be avoided. The public would then be sure of getting milk of moderately good quality. They would be saved from fraud because they would have no right to expect anything better, and such milk would, in fact, be sufficient for the uses of life. Richer milk would of course be sold in addition, and those who wanted it would be prepared to pay for it.

CRIMINALS SOBERED AND MADDENED, AND MIXED.

THE effect of prison discipline on the minds of convicts is governed by the ordinary laws of nature. Some half-mad brains are sobered and rendered sane, while sound minds give way under the strain of monotonous misery. Unless a proper classification of prisoners be made, and suitable changes are carried out from time to time with a view to avoid evil associations, most disastrous consequences must ensue. The Howard Association, always on the alert for good work, has done well in taking up the subject of classification of convicts in Irish prisons and criminal asylums. We would, however, suggest that, if the best practicable results are to be obtained, it will be essential to keep quite distinct two totally different matters, which seem just now to be in some peril of confusion. The corruption of morals regretted by chaplains is a different matter from the preservation of sane minds and the recovery of the insane desired by doctors. They are things apart, though not necessarily antagonistic. We are not in the least degree disposed to endorse the proposition that it would be better to keep criminals in solitary confinement rather than allow them to associate lest their morals should be further debased. We doubt whether it is ever justifiable to shut a man up with the demon of his own thoughts as his sole companion. Better put him out of his misery at than once than do that. If no better scheme can be devised to send the sobered criminals back to their cells lest they should be corrupted by association we would prefer to let morals run the risk of being debased in convict life. There ought, of course, to be no sane convicts in criminal lunatic asylums, and no lunatics in ordinary prison gangs; but beyond making this separation we do not desire to see the hobby of the advocates of "the separate system" rampant in the prisons of Ireland or elsewhere.

HYALINE DEGENERATION.

Dr. H. STILLING, of Strasburg, has (Virchow's *Archiv*, Bd. 103, Hft. 1) adduced evidence to show that so-called hyaline degeneration may pass on to amyloid degeneration, regarding the former as an early stage of the latter. To test this point it was necessary to show that in recent cases of amyloid degeneration areas of hyaline change are present, and that a transition between the two forms can be traced; and also to establish the fact that hyaline degeneration is met with in those diseases which are known to give rise to waxy degeneration, the hyaline replacing the waxy form in cases where the chronic disease has been cut short by some intercurrent affection. Stilling's researches were conducted upon the spleen, as being the organ which is the earliest to undergo amyloid change; and he employed for the detection of that morbid material, and distinguishing it from hyaline, the iodine and sulphuric acid reaction mainly, various other staining reagents being used for the tissues. He says that he has quite abandoned methyl-violet as a test for waxy disease, because it has the property of reddening colloid, and

is not so delicate in the detection of waxy material as iodine is. Details are given of a case of phthisis, where the spleen showed a combination of amyloid and hyaline change; and a number of other cases of acute and chronic disease, where the hyaline product was found, are referred to. Hyaline degeneration in the spleen is found in the walls of the arterioles as well as in the follicles themselves. It commences in the former in the muscular coat, destroying the fibres and their nuclei; not invading the intima, but sometimes involving the adventitia. In the follicle, bands and wedges of the material separate the lymph-corpuscles; and the change is most marked in the centre of the follicle, where it commences by the swelling and transformation of the protoplasm of the cells. Stilling regards it as a deposit, and not as a metamorphosis, and proceeds to point out the striking similarity, not only in appearance but in distribution, that this hyaline change bears to waxy degeneration of the same organ. The diseases in which the hyaline deposit was found were, with two exceptions, of the same class—viz., chronic inflammation of bone and joints, and chronic inflammatory (tubercular) disease of the lungs—as those in which waxy disease occurs; the only distinction being that the hyaline change occurred in cases of shorter duration than the amyloid did. In one case the spleen appeared to be amyloid, but it did not yield the characteristic tests of that degeneration, and was found to be the seat of abundant hyaline changes. It is possible that the involvement of arteries in the change has something to do with its subsequent progress; but an explanation of the difference between the hyaline degeneration of tubercle and that which seems to be only the precursor of amyloid disease is, Stilling thinks, to be found in the lack of vascular supply in tubercle, as compared with that of the regions affected by amyloid degeneration. The degenerative process in a tubercle is thereby arrested at the hyaline stage.

LONDON WATER.

RECENT comments in the London daily press on the purity of London water call for some notice from us, as they are liable to lead to dangerous misconception. It is well known that for years past there has been considerable divergence of opinion between Dr. Frankland, who has analysed the water officially, and Messrs. Crookes, Odling, and Tidy, who have done so on behalf of the water companies. We have no intention of entering into this controversy. Dr. Frankland frequently finds fault with the water, while the other distinguished chemists cannot speak too highly in its praise. Thanks to the constant pressure of public criticism, the water of London has improved very greatly of late years. Not only have more suitable intakes been adopted, but far more attention has been paid to filtration, and, even if not as ideally perfect as the London companies represent, the water-supply of London is now fairly satisfactory. We can never think a sewage-polluted river like the Upper Thames a good water-supply, but we suppose it is for the present the best available, and the companies are certainly now trying to make the best of it. But it would be folly to ignore the risks of such a supply simply because they cannot be accurately measured. The most noxious forms of impurity are not revealed by chemical analysis or even with any approach to certainty by the so-called bacteriological method. The transmission of cholera by water is a question illuminated at present by only a feeble and doubtful light, but it would be madness to ignore the possibility that a water, safe at ordinary times, may become deadly when certain minute organisms float in it. We are safe enough in our water-supply just at present; but should we or ought we to feel safe if cholera raged in the Upper Thames Valley? We might not suffer, but who can be certain that we should not? Gravest of all, to our minds, is the risk, however slight, that if cholera were here some chance unforeseen pollution might introduce the seeds of death into the river in the immediate neighbourhood of the intake of one or more of the great companies. Little can be done before the summer, and we can but hope that that useful sanitary lesson, another cholera epidemic, may be spared us; but we cannot too often repeat that the disease may come with the summer; and if it show its face in the Thames Valley the authorities will be criminal if they do not watch the sources of our water-supply as they have never been watched before. Let them remember the fearful doubt, to say the least, that attached to the water of East London in the last epidemic.

THE QUEEN AND THE MEDICAL PROFESSION.

WE announced last week that Her Majesty had signified her gracious intention of laying the foundation stone of the new building about to be erected for examination purposes on the Thames Embankment. We hail with satisfaction and gratitude this new proof of the interest which the Sovereign takes in the progress of medicine, and in the prosperity of its recognised corporations. There will be a peculiar fitness in the performance of this Royal function, at the present conjuncture, because it will serve to mark with Royal favour the endeavour of the Royal Colleges to achieve by self-help a large measure of that reform which has been denied to them by successive Parliaments. Looking to the history of medicine, it is manifest that the art of healing and the enterprise of its professors have uniformly owed more—far more—to Royal favour than to Parliamentary aid or patronage. The first English writer on Medicine was Richardus Anglicus, who flourished at Oxford about 1230; but contemporary with him, dying in 1241, was Nicolas de Ferueham, and this physician King Henry III. called to his court and made his domestic counsellor, with a large salary. From that time down to the present year of grace the most distinguished physicians and surgeons of the day have almost uniformly been employed by the Sovereign and practised under Royal favour. We all know how much the illustrious Harvey owed to the encouragement extended to him by Charles I., who was personally interested in some of his experiments. Since the days of Linacre, who was successively physician to Henry VII., Henry VIII., Edward VI., and the Princess Mary, and who, with the aid of Cardinal Wolsey and by favour of Henry VIII., in 1518, founded the College of Physicians, that body has enjoyed Royal favour, and now, when its President is the favoured physician of Victoria, Queen of these realms, in 1886, there is an especial interest, which the whole profession will feel, in the august commencement of new and appropriate buildings for the use of the joint Colleges. We trust no pains will be spared to make the occasion worthy of its significance and place in the annals of English Medicine.

FIERCE DOGS.

ANOTHER instance of a horrible set on a child by a dog has been brought before Mr. Newton at the Marylebone Police-court. The dog was the property of a solicitor, and was taken out by his servant, who called on a Mrs. Luck with the dog (a fox terrier). It soon seized her child by the cheek, and was only detached with difficulty, taking a large piece of the flesh, and seizing the elbow of the mother, who rescued it. The solicitor denied his liability, and the magistrate refused to order the dog to be destroyed. He warned the owner (whose liability for compensation in this case is to be tried in another court) that he would be held responsible for the future behaviour of the animal. Dogs that can behave as this one did have a very questionable *raison d'être*. We have scarcely ever read of a more outrageous attack, and the law ought to be more efficient.

CLINICAL SOCIETY OF LONDON.

THE last meeting of this Society was of a remarkably interesting character, from the number of papers read and living specimens shown. For full details of the proceedings reference should be made to the report. Dr. Goodhart read the notes of a case and exhibited the specimen of an extremely rare form of intussusception occurring at the upper part of the jejunum in the very neighbourhood of the duodenum. During life the case appeared to be of the most obscure kind; the stools were never known to contain blood, and actually there was no complete obstruction of the bowels, for the patient continued to pass motions throughout the whole course of the case. The swelling due to the intussusception appears at one time to have been regarded as a movable kidney. Mr. Barker's paper placed on record a remarkable success in abdominal surgery; but some doubt appears to exist as to the precise nature of the case, which the author regarded as originating in volvulus of the upper part of the jejunum. The facts of the case may well be interpreted on Mr. Barker's theory, and it would be exceedingly difficult to prove that his supposition was not the right one. On the other hand, it should not be forgotten that minute ulcerations of the duodenum and other parts of the intestine may occur without the examiner being able, even after death, to discover the perforation. The rapid improvement that followed the operation of abdominal section, though in favour of the author's interpretation, might also be explained on the assumption of a slight extravasation of intestinal contents. The intense form of peritonitis, its wide extent and mode of onset, are at least as consistent with the notion of perforation as with that of volvulus, even though it be borne in mind that several of the recorded cases collected by Mr. Treves of volvulus of the region in question were accompanied by severe peritonitis. In Mr. Barker's case the intestinal obstruction appears to have been complete, and if the volvulus were the cause of this, it seems unusual that the bowel below the obstructed portion should not have been collapsed. On this feature, however, there must rest some doubt. It is possible that the absence of collapse below the seat of obstruction might have been due to peritonitis, causing tympanites, though it may be difficult to realise that a bowel collapsed in the first instance should subsequently become inflated by the action of a serous inflammation.

THE BRAIN SURGERY OF THE STONE AGE.

MR. VICTOR HORSLEY gave an interesting lecture on Wednesday last in the Botanical Theatre of University College, at a meeting of the Medical Society of that institution. After showing how the earliest implements used for cutting purposes were made either of shell or stone, and having briefly described the mode in which the Bronze age succeeded the Stone age through the utilisation of copper alloyed with tin and was followed by the iron and steel periods, Mr. Horsley discussed the evidence that existed as to the extent in which brain surgery existed amongst the inhabitants of the caves and villages of the Stone epoch. By means of the lime-light he showed photographs of skulls which had various kinds of holes. Some of these perforations had admittedly been produced by the pick-axe of the finder. The skulls were from "finds" chiefly in the lower and middle thirds of France, and being found buried beneath the floor of caves side by side with stone implements, the inference was drawn that they belonged to the Stone epoch. Other holes in the skulls were either made soon after death for purposes of embalming, or were else the witnesses of an unsuccessful surgical operation. There was again a third class of holes which were clearly the result of primitive kinds of trephining; for there were evidences in the smooth and rounded character of the edges, the presence of hard osteophytes and even of prolonged suppuration in the form of osteoporotic material, that some of the perforations had been made during life, and the patient had lived long after their production. Most of these specimens belonged to individuals who had been young at the time of operation. The majority of the holes were situate in the parietal region, and, as Mr. Horsley showed, over Ferrier's "motor area." The author also believed that such trephinings had been done for cases of some kind of epilepsy. Altogether the lecture was very interesting, and afforded scope for much ingenious hypothesis, of which Mr. Horsley freely availed himself.

THE CEREMONY ON THE THAMES EMBANKMENT.

THE hour at which Her Majesty the Queen will graciously lay the foundation stone of the new Examination Hall on the Embankment, on Wednesday, March 24th, will be at or about 11 o'clock A.M. We believe that the space at the disposal of the two Colleges on this occasion is limited. Indeed, a circular has been issued to the Fellows of the College of Surgeons requesting them to state whether they wish their names to be included in the list of Fellows desirous of being present, from which list the places available for witnessing the ceremony will be assigned by drawing lots. The Fellows of the College of Physicians, not being so numerous a body, will, we believe, have the opportunity of being present should they wish. We fear, however, from the above intimation, that the space will be very limited indeed, and that large numbers of practitioners, to say nothing of students, will be greatly disappointed at not being able to attend on so important an occasion, when Her Majesty bestows a high and rare honour on the medical profession. We understand that only some thirty or forty of the gentler sex will be enabled to be present to witness this gracious act of the first lady of the land.

THE SANITARY CONDITION OF EAST GREENWICH.

AT an inquest held in the board-room of the Greenwich Union, on Feb. 26th, by Mr. E. Arundel Carttar, several facts transpired which pointed to the defective sanitary state of the neighbourhood. The subject of the inquiry was the cause of death in the case of a young woman named Gibson, who died nine days after her first confinement. The friends of the deceased were disposed to attribute the fatal illness to carelessness on the part of the doctor in charge of the patient, inasmuch as they alleged that the unfortunate woman succumbed to inflammation of the lungs consequent on catching cold through the bedclothes getting wet whilst a vaginal injection was being used. The case illustrates well the readiness with which an erroneous conclusion may be arrived at, and how ignorant the ordinary mind is of the care which is required in selecting the premisses for an argument which are true in themselves. In the first place, the injection before mentioned was employed because the patient was feverish and had abdominal pain, and because the lochia had become offensive; in fact, there was quite sufficient evidence to warrant the medical man in assuming the patient had puerperal fever; and, secondly, it was exceedingly improbable that the temporary dampness of the bed would of itself induce acute pneumonia. The post-mortem examination revealed a small rent in the perineum (the late stages of the labour had been unusually rapid), a small portion of placenta adherent to the uterine wall, and acute general peritonitis, most marked in the pelvic region. The questions then occur—How did the infection take place? Was it autogenetic? Was it communicated by the doctor or nurse? Or had the sanitary conditions of the house and neighbour-

hood anything to do with its causation? In support of the latter proposition, it may be stated that the same tank supplied the watercloset and the house generally, including drinking-water for the residents. The apparatus intended to regulate the flushing of the closet was out of repair, and had been so for some time. There was an accumulation of excreta in the pan of the closet, which was only periodically and partially removed by throwing slops down. The roadway in front of the house was not paved, not even macadamised, and in this condition it is said to have been since the houses were built some two years since. Furthermore, the houses are situate on marshy soil at or below the level of the Thames bed. It was given in evidence at the inquest that diphtheria had been rife in the locality—in such severity, in fact, as to occasion a special investigation by the authorities. No wonder, then, that under such circumstances puerperal fever should arise and assume a grade of fatal severity. Although the actual source of the disease in the case under consideration was not traced, enough facts were adduced to lead the jury to entirely exonerate the medical man from all blame, and to point out the necessity for a complete examination into the dangers threatening the public health of the district. At the same time, it is a matter of paramount importance that it should be generally known that no person who has recently been in attendance on a case of infectious or contagious disease—such as puerperal fever, erysipelas, or diphtheria—is justified in entering the chamber of a parturient woman; and medical men cannot be too careful as regards their direct personal responsibility, nor too anxious in shielding their patients from the harm that may arise from the carelessness or ignorance of others.

DENSITY AND MORTALITY.

THE late Dr. William Farr was one of the first to call serious attention to the constant relation between density and mortality. The arbitrary boundaries, however, of our large English towns place the greatest difficulties in the way of calculating, even approximately, the relative density of town populations, measured by the number of resident inhabitants per acre of the town areas. The English census, moreover, gives no information from which more trustworthy statistics of density can be calculated. The Scotch census, however, gives not only the number of apartments in each tenement, but also the number of inhabitants found resident therein. These facts supply the basis for far more trustworthy statistics of density than any that can be obtained for England. Dr. James B. Russell has recently turned these facts to very good account in a report he has recently issued on the Vital Statistics of the City of Glasgow. Dr. Russell remarks that "if we could ascertain the cubic contents of every dwelling-house or room we should get to the heart of this element of density in the physical circumstances of the inhabitants of towns." The information he has been able to obtain from the Scotch Census Report, however, goes a long way towards supplying really trustworthy density figures. It appears from Dr. Russell's interesting table that there is a very close relation between mortality and the number of inhabitants per inhabited room. This table gives the mean annual death-rate in the ten years 1871-80, the persons per acre of area, the rooms per tenement, the persons per room, and the percentage of population living in tenements of one room and of five rooms and upwards, with the average number of persons per tenement of these two classes, in each of the eight principal towns of Scotland. These figures prove conclusively that, whereas mortality bears no very constant relation to density of population measured imperfectly by persons per acre, its relation to density measured by persons per inhabited room is very clearly marked. It appears, for instance, that the number of persons per room was equal to 1·87 in Dundee, 1·91 in Greenock, 1·98 in Paisley, and 2·05 in Glasgow; and, further, that the mean death-rate rose steadily in the same order to 25·7, 27·4, 27·8, and 28·6 per 1000 respectively in these four towns. In the other four of the eight towns the mean death-rate ranged from 21·7 in Aberdeen to 23·2 in Edinburgh; the persons per room in these four towns ranged, but not in quite the same order, from 1·31 to 1·67. It is probable that these slight inequalities in the parallelism between mortality and density, measured by the number of persons per inhabited room, would disappear if account could be taken of the size of the rooms. The value of these statistics of density of population in the Scotch towns emphasises the desirability for urging that at the next English census measures should be taken for obtaining information relating to the housing of the people similar to that which was obtained at the last census for Scotland.

THE REGULATION OF SUB-LET HOUSES.

IN a recent monthly report, Dr. Dudfield, medical officer of health for Kensington, draws attention to a decision which may affect the several codes of bye-laws which have during the past few years been drawn up as to houses let in lodgings. One clause of the model code issued by the Local Government Board gives power to the authority to summon the landlord to attend at the office of the authority to "supply the information necessary for the registration of the house," and to give certain particulars as to the total number of rooms, the number occupied by members of more than one family or let in lodgings, the manner of use of each room, and the number, age, and sex of each of the occupants of the several rooms used for sleeping. A certain landlord having failed to appear, he was summoned for neglecting to comply with this first bye-law, but his counsel contended that the regulation was *ultra vires*, for although the authority had power to make regulations for fixing the number of persons who may lawfully occupy the house, &c., yet they had, under the Act, no power to compel the attendance of a landlord at their offices. Sir James Ingham sustained the objection of the defendant, but at the same time he observed that the question was too important to be settled by him, and that a case should be stated for a superior court. We trust that this advice may be acted upon in order that the matter may be finally settled. But in the meantime we may point out that Dr. Dudfield has, in his district, always felt that the best way of supplying such information as the authority could act on, was to direct the several sanitary inspectors to obtain the necessary details as the result of an actual inspection of the premises concerned, and he looks with but little concern to any adverse final decision which may be arrived at. In short, if the clause be found to be illegally imposed on landlords, Dr. Dudfield thinks that an even more efficient method of arriving at the end in view is still available.

PUBLIC HEALTH IN VICTORIA.

THE last report of the Central Board of Health of Victoria contains considerable evidence of sanitary progress in the colony. Such matters as food adulteration, infant life protection, calf-lymph vaccination, and the provision of sanatoria for infectious diseases are receiving much attention, and a proposal has been made to the Government to appoint at least one inspecting medical officer on the same lines as the appointments connected with the Local Government Board at home. Improvements are also proposed at the quarantine station, but the record of work in connexion with the quarantine laws can hardly be regarded as affording a happy illustration of that system. Thus, small-pox is quarantined in Victoria, and the healthy as

well as the sick are subjected to that process. A single case of small-pox arrived in the R.M.S. *Rome*, and all the passengers were quarantined, the detention apparently lasting for at least fourteen days. The result was unfortunate, for we read that shortly after the release of the vessel a case occurred at Carlton, and then a number of other cases occurred in and around Melbourne, and a few in country districts. Had the colony, after isolating the solitary sick person and resorting to such disinfection as was practicable, trusted to vaccination as a protection, the probability is that the disease would not have spread, and the vexatious detention, which the result shows to have been useless in so far as preventing the extension of the disease is concerned, would have been avoided. The adoption of the true measures for the prevention of infectious diseases is, we believe, always more or less hindered by resort to the old quarantine system, and nowhere has its abandonment been followed by such fortunate circumstances, as regards the promotion of public health, as in the mother country.

WHAT WILL THE BOARD SAY?

"MR. CHILDERS informed Mr. Thorold Rogers that the Metropolitan Board of Works were charged with carrying out the recommendations of the Royal Commission on the Pollution of the Thames, and he had called on the Board to say what they had done in the matter." This is satisfactory as far as it goes. The Board, which created the nuisance, and which for so many years has ignored the condition upon which power was entrusted to it, ought, after its signal defeat before the Royal Commission, to have taken instant and vigorous action to remedy the proved evil, and to avert the danger to which during the coming summer the metropolis will be exposed. We can only hope that a prompt and satisfactory answer can be made to the pertinent inquiry of the Home Secretary. But we cannot pretend to be sanguine. As far as we know, all that has been done is the carrying out of some experiments on precipitation at Crossness, the nature of which has not, we believe, been published, and a disinfection of the sewage, which is as illusory as it is expensive. We know what the answer ought to be. It ought to be that all known schemes had been carefully studied, the expense of each computed, and some one or two chemical processes selected which could at the shortest possible notice be adopted at the present outfalls, and that in addition one or more alternative schemes had been prepared for taking the sewage lower down the river and there purifying it, as the Royal Commissioners advised. The public ought to know as soon as possible what the Board has and has not done, and we trust Mr. Thorold Rogers will renew his question at no distant day.

EXCESSIVE PAROCHIAL ECONOMY.

THE frugality of parochial guardians, as a class, has by this time become proverbial. The tendency in itself is in the right direction, and we have nothing to say against it as a generally safe guide for practice. It may, however, be too implicitly followed, and of this we are reminded by a recent example. The Honiton board have lately had to consider the re-election of their medical officers, and are disposed to reduce the present salaries of these gentlemen before admitting them to a further term of office. We congratulate the board on the moderation with which they have recommended the adoption of this step. At the same time we must admit that their proposal itself does not seem to us equally reasonable. The prevailing commercial and agricultural depression is said to necessitate the proposed reduction. It has also been stated that the medical officers have provisions at a cheaper rate now than formerly; and, further, that the abolition of tolls has diminished their expenditure. We do not wish by any means to disregard the present unfortunate condition of trade, or to discountenance needful and just economy; still we cannot, on examination, accept the conclusion of their arguments. It would surprise us very much to learn that the salaries in question will bear diminution, even in consideration of the circumstances above mentioned. There seems also to be good reason to doubt the reality of the supposed profit on expenses which these hard times are said to have introduced. Road expenses continue, though the toll-gate is no longer a means of exacting them. Depression in agriculture, again, affects the payment of medical bills in a degree probably quite equal to its effect on the incomes of landlords, farmers, and the county population in general. The medical officers of Honiton can, of course, best judge for themselves as to the bearing of the proposed reduction on their own finances. We do not consider that a satisfactory objection to the present rate of remuneration has been brought forward, and the Board of Guardians will, we hope, see that in their proposal rather too much has been made of the necessitous condition of the country.

DELAY AND DISEASE AT TOULON.

THE Mayor of Toulon, the Prefect of the Var, and the engineer of the town of Toulon have been on a deputation to Paris. They had interviews with M. de Freycinet, President of the Council of Ministers, with the Minister of War, the Minister of Commerce, and the Minister of Public Works. They pleaded the absolute necessity of at once carrying out sanitary works to prevent the recurrence of cholera and other epidemic diseases in the great maritime fortress they represented. But, in answer to this most urgent and justifiable request, they were informed that the Budget Commission had decided that no large and new public works should be undertaken before the year 1888. As the project for the draining &c. of Toulon will, it is estimated, cost £48,000, it enters the category of new and important public works, and therefore cannot be sanctioned. The same technical objection could not, however, be raised to the dredging and improvement of that portion of the port assigned to trading vessels. It is probable that harbour works of this description, involving an outlay of £8000, will be undertaken this year; but that little or nothing will be done to remove the numerous sources of infection which render the town of Toulon a disgrace to modern civilisation. Abandoning for the moment the project of drainage for the entire town, the Mayor of Toulon besought M. de Freycinet to facilitate some temporary measures, such as the roofing over of certain ditches which serve as sewers, and notably the ditch that receives the drainage of the town slaughterhouse. M. de Freycinet promised to support a vote of credit for this object, and admitted that the State should contribute half the sum, as Toulon is an arsenal town with but small resources of its own. Thus the matter stands. When we consider the insanitary condition of Toulon, its high death-rate, and the fearful havoc created by the cholera epidemic, we are compelled to urge that the decision of the Budget Commission should not stand in the way of saving innumerable and valuable lives. Typhoid is endemic in Toulon, small-pox is now exceptionally prevalent, and military and naval recruits must be quartered on the summit of the mountains, or in forts built out at sea, to prevent the outburst of epidemics in the regiments. To check extravagant public works, many of them mere embellishments of an ornamental description, is probably a financial necessity in France; but where public health is concerned it has been demonstrated over and over again that prudent expenditure is the truest economy.

THE QUEEN AND THE ICE ACCIDENT AT WINDSOR.

WE are glad to hear that the Queen has manifested great concern with respect to the fatal accident that has recently occurred on the ponds adjoining Cumberland Lodge, Windsor Park. The whole administration and condition of this Royal domain demands immediate inquiry. To our knowledge, complaints were recently made with regard to the absence of adequate means for saving life at the Virginia Water. It was suggested wheels might be affixed to a flat-bottomed boat, so that it might be pushed forward to rescue anyone falling in the water. Should the ice break, oars could be substituted for the poles employed in punting the boat on the ice. This simple and inexpensive request was, however, cast aside, though precisely two hours after the letter containing this petition had been forwarded to the competent authority a man who was skating fell into the water in one of the deepest parts of the lake. Luckily he was a good swimmer, and succeeded in saving his life. Perhaps if he had been drowned the authorities would have seen the necessity of taking some measure of precaution. This is in keeping with several other grievances for which Windsor and its neighbourhood has become too notorious. Under such circumstances pressure emanating from the highest quarters and supported by public opinion is needed, and will not, we are convinced, be withheld.

THE DARENTH SMALL-POX CAMP.

AN important decision was last Tuesday given in the case of Fleet *v.* the Metropolitan Asylums Board. This was an appeal by Mr. Fleet, a resident and owner of property in the neighbourhood of the Camp, against a previous refusal to grant an injunction to restrain the defendants from continuing the use of the Camp for cases of small-pox. The appeal was heard before Lord Justice Cotton, Lord Justice Bowen, and Lord Justice Fry, and each of the learned judges agreed that the appeal must be dismissed. Lord Justice Cotton, in delivering judgment, pointed out that "the legal question to be decided was whether there was an appreciable injury to the healthiness of the plaintiff's property. The plaintiff must make out that there was real danger, otherwise, however much they might feel the hospital to be an annoyance, they could not get an injunction." The only important question raised was whether the hospital could be a source of danger through infection aerially conveyed, but on this point the "expert" evidence was so contradictory that the allegation was held to be not proven. Lord Justice Bowen's remarks deserve further consideration than we fear they are likely to receive. He said, "a court of justice was not a fit place for the exercise of inductive logic. Life was short, and it was impossible to give endless time to the examinations of a scientific theory for the benefit of one set of litigants. No doubt sooner or later science would discover and assert with confidence whether infection does blow across the hills and valleys, but he declined to be driven into the scientific question or to forecast the future." With the exception of Mr. Power's investigations concerning the Fulham Hospital and those of a few health officers whose districts contain or are in proximity to small-pox hospitals, the whole question has been relegated to the lawyers. There has as yet been no other thought about the whole matter than whether one or another person has suffered pecuniary loss; the loss of life, which has undoubtedly occurred in the neighbourhood of small-pox hospitals, and which is far more important than loss of money, has not been deemed of sufficient consequence to warrant a complete inquiry by either of the hospital-providing boards. But even if the subject be considered purely from the monetary point of view there is no question that the necessary investigation could have been conducted at a mere fraction of the cost to which the London ratepayers have been put through the inaction of these authorities. We would commend Lord Justice Bowen's remarks to their consideration.

PITY THE POOR PEERS!

ACCORDING to the Earl of Limerick, who seemed to speak feelingly, the Lords of Parliament assembled in their own Chamber are in a pitiful predicament. Their lordships' feet are in a cold bath, while their "lordships' heads are swimming in an atmosphere of a very different kind." Now, as the Earl warned his brother peers, with practical truthfulness, this state of things is of benefit to no one except their lordships' doctors. The Lord Chancellor was able to corroborate the statement of the noble Earl by the evidence of his own experience at the bar of the House. He (Lord Herschell) had spent much time in that building and had never returned home without a headache, which he had never experienced in his practice before other tribunals. Their lordships laughed when the advocate who had pleaded before them, now their chairman, made this avowal. There was just a little tremulous irony in their merriment, which seemed to suggest that perhaps a part of the headache might be due to the tribunal rather than to the building in which it sat. However this may be, we heartily pity the poor peers with their feet in a cold bath and their heads swimming, and we wish them well out of their troubles, even though their lordships' gain should be our loss. There is this great practical difficulty about the ventilation of the two Houses of Parliament: The chambers must needs be large enough to accommodate all those who are entitled to assemble within them, although it rarely happens that anything like the full number is reached. The buildings must be kept warm, and there must not be draughts. We confess that it has always appeared to us a mistake to place edifices so large as those required for the accommodation of Parliament under a complicated system of artificial heating. It would be better and easier to subdivide the work considerably, and enforce the maintenance of a common temperature on the officials responsible for the heating and ventilating of both Houses. The air supplied to the chambers and corridors is deprived of its freshness before it is allowed to mix with the contained atmosphere, and it is actually impure air the members of the two Houses inspire. Only those who have spent many consecutive hours, night after night some four days a week through long sessions, know how terrible the infliction actually is. Not only the peers, but the members of the lower House of Parliament deserve the pitiful sympathy of their fellow-men in relation to their sad experience in this matter of deficient or defective ventilation.

THE EVERTON MURDER.

ON the 15th ult., Michael Lavelle, aged sixteen, was tried before Mr. Justice Day at the recent assizes held in Liverpool, for the wilful murder of a man named Maxwell Kirkpatrick, by striking him behind the right ear with a wooden roller, such as is used in timber-yards. It was noticed that the prisoner held the weapon in both hands. The deceased was knocked down and rendered insensible by the blow, but in about five minutes he recovered sufficiently to be able to walk home with assistance, the man who aided him noticing that blood was flowing from his right ear. After reaching home the deceased called upon a medical man, who advised him to return at once and go to bed. He did so, and when visited by the doctor shortly afterwards was found to have become unconscious, continuing in that state until his death, which took place on the following morning, between sixteen and seventeen hours after receiving the fatal blow.

At the trial, Dr. Ellis, the deceased's medical attendant, stated that there was no external evidence of fracture, nor was there any wound. He remained with deceased during the whole time of his illness, with the exception of a brief interval, and subsequently made a post-mortem examination. It was then found that the inner table of the temporal bone was fractured to the extent of three inches, and that the cause of death was compression of the brain, there being a clot between it and the membranes at the seat of the injury. The prisoner was found guilty, with a strong recommendation to mercy, and sentenced to death. An official communication has, however, since been received at the gaol in which he is confined to the effect that the execution will not take place—presumably on account of the youth of the prisoner. It would be interesting to know whether any consultation was held, and the question of an operation considered. It is possible, seeing how the locality of the injury was indicated by the hæmorrhage from the right ear, that the case might have been a suitable one for trephining. Assuming the facts as above stated to be correct, the removal of the clot might have been successfully accomplished, and if there were no other fatal injury the deceased's life might have been saved. It is most important in all cases involving so serious a charge as murder or manslaughter that the advice of a second practitioner should be sought, and that the post-mortem examination should be made in the presence of some surgeon skilled in medico-legal investigation. It is possible that this was done in Lavelle's case; but it would be more satisfactory to have the matter placed beyond doubt. The published reports of the case contain no record of such proceeding.

EXPERIMENTAL AORTIC REGURGITATION.

BY lacerating the aortic valves by the aid of instruments passed into the aorta through the carotid artery, M. François Franck has been able to study the immediate and remote effects of this experimental form of aortic regurgitation. In some cases death supervened rapidly, especially when the heart was diseased previously. If the animal survived, the arterial tension, at first lowered, mounts again, and the heart becomes hypertrophied and its vascular activity is increased. According to M. Franck the excessive work of the heart is not to be solely attributed to the aortic reflux, but also to an irritation of the sigmoid region, on the ground that slight lesions or a superficial irritation of this region give rise to similar hypertrophy. He also explains the danger of syncope of cases of aortic incompetence by the excessive and prolonged distension of the cardiac cavities, as well as by the depression of the arterial tension of the brain.

HEARING, READING, AND THINKING.

THE interesting address of Mr. Goschen to the students of the London Society for the Extension of University Teaching gathered together from twenty-five or more centres of the metropolis, with the Lord Mayor in the chair, was an embodiment in a general way of the pithy Baconian principle: "Reading makes a full man, conversation a ready man, and writing an exact man." It is by a combination of these three that all-round intellectualism is to be gained. Mr. Goschen defined a lecturer as a condensing machine: "He condenses for the benefit of his audience the result of his own reading." But condensation of intellectual food means more or less indigestibility. Thus, teaching by lecture falls short of that fulness of illustration which is necessary to the entire grasp of the subject. It is a far better training for the lecturer than his audience. The colloquial method of teaching tells more to the advantage of the hearers than the oratorical. Students of medicine who estimate the advantage to themselves of the set lecture compared with the colloquial demonstration on such subjects as anatomy, physiology, or pathology, or, still more, on practical medicine and surgery, will form a correct idea as to which is the better method of teaching. Within the past quarter of a century a great change has come over our medical schools, the demonstrative and colloquial teaching replacing the oratorical. But whatever the method, it is, after all, the close and unwearied application of the student himself that gives the real mental training, and the more difficult the subject to the individual the better the training. When the present Bishop of London, at the time he was Head Master of Rugby, was examined before the Royal Commission on Public Schools, he gave as his reason for retaining Greek as an essential element in the highest education that of all subjects it was the most difficult, and therefore formed the best mental training. Every student has the equivalent of Greek in the subject which is the most difficult for him to acquire. If he masters this, he need not despair of the rest; and when in after-life new and complex problems present themselves in the practice of his profession, the training which the mastery of his most difficult subject afforded him will best fit his mind to solve these.

GRANULAR MATTER AND DILATANCY.

A PRINCIPLE of granular matter, named "dilatancy," having a very wide application, formed the subject of an interesting lecture at the Royal Institution by Prof. Osborne Reynolds. It can be easily understood that the aggregate interstitial space in a pile of shot may undergo considerable variations in amount between a maximum and minimum. A convenient mode of measuring the variation in the amount of interstitial space was suggested by Prof. Reynolds in the form of an indiarubber-bag containing sand, in which the interstitial space is occupied by water; the variations in the amount of water could easily be determined by a kind of manometer in communication with the interior of the indiarubber bag. If the bag be filled with water and sand so that the water was at a certain height in the manometer it was found that certain amounts and directions of pressure on the bag caused a fall in the height of the water in the projecting tube, evidently showing that the interstitial space in the bag had become augmented. It is well known that in walking on certain sands at the seashore the parts around each foot impression become dry-looking, whilst that under the foot gets wetter than it was; Prof. Roberts perceives in this phenomenon an illustration of the dilatancy of granular matter.

SANITARY INSPECTION IN WATERFORD.

SOME difficulty has arisen in Waterford in connexion with payment for medical services under the Labourers Act. The work in question consists in the sanitary inspection of newly-erected cottages. Its amount varies considerably in accordance with the plan adopted in building, and doubtless with the distance to be traversed by the inspector in different cases. We learn, for example, that in one district there are several cottages under the same roof, a matter which must somewhat facilitate their examination. A more distinct plan of structure necessarily implies a greater outlay of time and energy. There seems to be no fixed tariff in Waterford or its neighbourhood for the settlement of such professional claims, and it is evidently very desirable that some common agreement on this head should be brought about. We are informed that in Youghal £1 was the fee allowed for examination of a cottage, and in Drogheda 5s. The practitioners of Waterford have adopted the mean between these sums (10s.) as their profes-

sional charge, while the union board of that town are divided between the latter sum and the Drogheda minimum, the majority being in favour of allowing the lesser fee. The inspection of a house, even a cottage (which, be it remembered, includes in the groundwork the most important area from a sanitary point of view) is an occupation which not only takes up a considerable amount of time, but calls for skill of a superior order for its correct performance. In many cases 10*s.* would not be an excessive fee, and it might not, indeed, in some cases sufficiently pay the inspector. A maximum of 5*s.*, except in consideration of steady employment in this way and of local facilities as to distance and the like, we should consider too low. From want of an intimate knowledge of the special circumstances, we cannot enter at length into the dispute between Waterford and its sanitary advisers, but there is much to be said, in our opinion, for the retention of the rate of payment requested by the latter, while, on the other hand, some reduction may very well be made where the cottages are contiguous or are under the same roof.

THE SALE OF POISONS.

WE are glad to find that the question of the sale of poisons is likely to occupy the attention of the Legislature at no distant date. On the 26th ult., in the House of Lords, the Earl of Milltown asked what steps it was proposed to take in the matter, and reminded the Government that last session a Bill dealing with the subject was introduced in the House. He alluded to circumstances which had recently occurred as showing the extraordinary facility with which persons absolutely unknown to vendors might obtain the most deadly poisons. Earl Spencer stated that the question was under consideration, and he hoped in a few days to be in a position to make a definite statement as to the intentions of the Government.

A CONSTANTINOPLE PHYSICIAN ON HOSPITAL ADMINISTRATION.

DR. PARDO, of Constantinople, writing in the *Gazette Médicale d'Orient*, complains of the condition of the hospitals connected with the various powers represented at the capital of the Ottoman empire. Reports of hospitals in other civilised countries, though they by no means always describe matters as being in a fully satisfactory condition, still serve to expose defects and to let the light of public opinion shine upon the condition of the buildings and the conduct of the officials, in a way which is impossible in an Oriental city. He hints that appointments to the staff ought always to be made by *concours*, and a strict system of control and inspection instituted and maintained. As to the *concours*, however, he does not seem to be hopeful about its feasibility in consequence of the difficulty of obtaining a competent and impartial jury. Again he ventures an opinion that "the practitioner—and all are practitioners here—should not perform operations except where absolutely necessary and of acknowledged utility, leaving bold enterprises to the great masters of the art, who possess all the requisite qualities, immense knowledge, and ability, which justify them in assuming responsibility." Two cases of hazardous operations of which he was witness are mentioned: one could not even be completed for lack of instruments and of intellectual resource on the part of the operator. The hospitals ought to be built, furnished, and regulated according to all the most improved methods, or there should be no hospitals at all (!); a double set of buildings being required, so that all in turn may lie empty, and be disinfected for six months every year. Dr. Pardo once communicated his views to an ambassador whose hospital he was attending, and was answered somewhat sarcastically by an intimation that the only way to achieve the desired result would be for the ambassador to give up his two palaces for the purpose, to which the doctor retorted: "I would not refuse your excellency if they were in the best hygienic condition, but they leave much to be desired in that respect." With regard to lunatic asylums, if the picture Dr. Pardo gives of what he has seen is not "ancient history," a very searching inquiry should be made by trustworthy inspectors as to the conduct of these establishments.

THE BIRMINGHAM MEDICAL SCHOOL.

FAITHFUL to the motto on their municipal arms, "Forward," our brethren in the Midlands are making great and successful strides in the reorganisation of their medical school, which has attained an unprecedented degree of prosperity. The increasing number of students has not unnaturally been influenced by the powerful attraction of the General and Queen's Hospitals united for purposes of instruction under a clinical board, over which Sir James Sawyer presides. The pupils also have access to the wards of the spacious Borough Asylum, the superintendent of which, Mr. E. B. Whitcombe, has lately been appointed clinical lecturer in Lunacy and Mental Diseases in connexion with Queen's College. Soon after Mason Science College was established, Mr. Oliver Pemberton projected a scheme for its alliance, in the interests of medical education, with the old Queen's College. The plan won general assent, and has now been in successful working for some years. In chemistry and physiology, botany and physics, the Birmingham medical students have at their disposal the great resources of Mason College; while anatomy and physiology, medicine and surgery, materia medica, pathology, diseases of women, and ophthalmology are taught at Queen's College. To Dr. Alfred H. Carter belongs the credit of having initiated a complete reorganisation of the anatomical department, which is now in a high state of efficiency under the direction of Professor Bertram Windle, with Dr. Hogben as his principal assistant, and Dr. Foxwell, Mr. Haslam, and Mr. Jordan Lloyd as demonstrators. The Anatomical Museum has been enriched and rearranged at great expense and labour; and the same work is now in hand for the materia medica and the pathological departments. It is only just to add that the large class of students have shown themselves worthy of the increased advantages placed at their disposal, by steady and very good work. Their junior medical society at Queen's College is a model of organisation and useful activity.

INDUBITABLE CONGENITAL TUBERCULOSIS.

AN eight months' fœtus was taken from a cow, the subject of advanced tuberculosis, by Dr. Johne. The placenta and uterus were free from tuberculous lesions, but in the lower lobe of the right lung a nodule the size of a pea was detected containing four caseous centres. The bronchial glands were congested and also tuberculous. The liver contained numerous grey granulations. Microscopically the tubercular structure was confirmed; masses of epithelioid cells with giant corpuscles containing tubercular bacilli were discovered.

FALSE CERTIFICATE OF A SUICIDE'S DEATH.

FALSIFICATION of death certificates, even when prompted by a wish to avoid wounding the feelings of relatives, is a very serious matter, in foreign countries as much so as here. Two St. Petersburg practitioners who attended a girl who had poisoned herself with opium yielded to the entreaties of the parents and gave a certificate that the cause of death was "heart disease," and so of course no difficulty arose about the burial. The case, however, has

recently come before the law courts, and in spite of the defence set up that the certificate was not an official document, but intended solely for the use of the statistical department, the two doctors were condemned to two days' imprisonment and a fine of ten roubles (£1).

A NEW journal dealing with forensic medicine, criminal anthropology, and law is being brought out in Lyons under the title of *Archives de l'Anthropologie Criminelle et des Sciences Pénales*. The editors are MM. A. Lacassagne, Professor of Forensic Medicine; R. Garraud, Professor of Criminal Law; Henry Coutagne, Chef de Travaux of Forensic Medicine; with Dr. A. Bournet as secretary. The journal will appear six times a year. The first number contains the following articles:—1. Report on Criminal Law and Penal Sociology, by M. Garraud. 2. Practice of Judicial Medicine in France, by M. H. Coutagne. 3. Indecent Assaults on Little Girls, by M. Lacassagne; also a critical review of foreign works by M. Bournet, and varieties.

ON Tuesday evening Sir Joseph Fayrer gave a lecture at Exeter Hall to the members of the Young Men's Christian Association. The subject of the address was "The Natural History, Habits and Diffusion of Cholera, and what might be done to prevent or mitigate it." The lecture was attentively listened to, and appeared to be much appreciated by an intelligent audience. Lord Fortescue proposed and Sir H. Pitman seconded a vote of thanks to Sir Joseph for his excellent discourse.

IT is stated that there is no foundation for the rumour recently current to the effect that the Government have resolved to accept Mr. Stansfeld's motion for the 16th inst. for the repeal of the Contagious Diseases Acts. The subject has not yet been before them. Mr. Stansfeld has obtained first place on the date mentioned, and will proceed with his motion in due course.

ON the 1st inst. the death occurred of Dr. Daniel Elias of Southport. The deceased, who was about fifty years of age, had been in practice in Southport for twenty-eight years, and was well known and highly respected by all classes. He was one of the honorary consulting medical officers of the Southport Infirmary, but resigned the post a few days prior to his death.

THE corner stone of the new College Buildings of the London Hospital will be laid on Tuesday next, March 9th, at 3 P.M. The new Home for Nurses in connexion with the hospital will be open for inspection during the afternoon.

MR. EDWARD FREEMAN, D.C.L., has consented to allow himself to be nominated for the office of Lord Rector of Edinburgh University in November next.

THE next annual meeting of the Italian Ophthalmological Association is to be held at Genoa in September.

THE DEAD DOGS.—At the meeting of the Enfield Local Board on the 25th ult., the medical officer reported that a large quantity of decomposed dogs was placed in heaps upon a farm in the district. A member of the board stated that the milk in his dairy was tainted whenever the heaps were turned over or moved, and that it was only lately that disinfectants had been used. About 750 bodies per week are sent down, but as many as 1200 have been received. A committee was appointed to be present at the next turning over of the heaps.

Pharmacology and Therapeutics.

HYPNONE.

IN a recent number of the *Bulletin Général de Thérapeutique*, Dr. Dujardin-Beaumetz and Dr. G. Bardet give an account of the physiological action and therapeutic uses of a substance to which they propose to apply the term "hypnone." It has many names, the best known being acetophenon; but although they may be useful as indicating its chemical composition, they are ill-adapted for the requirements of the practical physician. It is made by distilling together a mixture of benzoate and acetate of lime. At ordinary temperatures it is a clear, colourless liquid; but on exposure to even a moderate degree of cold it is converted into a mass of beautiful crystals. It is simply a laboratory produce, and as yet has not been manufactured for commercial purposes. Its price is somewhat high; but as the dose is small this is a matter of little importance. It has a most persistent characteristic odour, so that few patients would care to take it unless enclosed in capsules. Its physiological action is very marked, and there is reason to suppose that we are in possession of a hypnotic only second to urethan. In cases of simple insomnia, unattended with pain, its action is marvellously prompt, and there are absolutely no after-symptoms, such as nausea, headache, or constipation, which so frequently follow the administration of opium or morphia. It has as yet been but little used in this country, but the reports so far are said to be most favourable. We owe a debt of gratitude to Dr. Dujardin-Beaumetz for giving us this new remedy.

RUSSIAN DIURETICS.

The Russians have great faith in diuretics, and therefore many drugs of this class are popular as household remedies. Some of these, such as foxglove, were in use amongst the peasants long before they were admitted into the category of even extra-pharmacopœial remedies prescribed by professional men. Dr. S. A. Popoff has recently made some researches on the action of certain household diuretics, communicating his results to the recent congress of Russian doctors. Cloud-berries (Rubus chamæmcrus) are almost unknown in scientific medicine, though a paper on their diuretic quality was written in 1856 in German by Dr. Trinkovski, who recommended them in hydrocephalus. Dr. Popoff prepared infusions, decoctions, and tinctures, and also an acid which he believes to be the active principle, and found, by experiments on animals, that considerable increase in the urinary secretion was produced by the administration of any of the preparations by the mouth, under the skin, or into the veins. This occurred also when the spinal cord and the splanchnics were divided, and when the animal was under the influence of curare. There was no alteration in the blood-pressure, and but slight palpitation of the heart. The only cases in which any slowing of the heart occurred were those in which a solution of the acid was introduced directly into the jugular. Nikanoroff's experiment of causing defibrinated blood to circulate through the kidney, first alone and then containing the acid in solution, was tried, and the amount of blood flowing out of the renal veins determined, but no positive results were thus obtained. The author has no doubt that the cloud-berry acts by directly stimulating the renal tissue without acting on the heart or circulatory system. It has thus, he says, an effect similar to that of antihydropin (tincture of black-beetles), which is well known in Russia and prescribed frequently, but this latter has the more powerful action of the two.

AFRICANA PARONYCHIA PATINIOSIA.

Dr. Crescencio Garcia, in a note communicated to a Mexican medical journal, mentions the employment of the above-named plant (which grows abundantly in some parts of the country, especially in marshy localities) for the treatment of malarial fevers. He says that he believes that it is almost always beneficial, to some extent even in cases of a pernicious character. When he was a youth he experienced the benefit of it himself during an attack of tertian ague of a choleraic type. The leaves and root are generally made into a decoc-

tion, and large quantities drunk by the patient during the pyrexial attack. Dr. Garcia himself prescribes definite acid and alkaline preparations, and though he does not claim for Africana the power of superseding other febrifuges, he finds it very useful as an adjuvant.

BRUCINE.

Brucine seems to be endowed with local analgesic properties of a marked order. The burning sensation imparted to the tongue by certain spices can be relieved, according to M. Mays, by the application of a solution of brucine to the part in the proportion of 5 per cent. It has been employed to assuage the pain occasioned by the presence of ulcers on the tongue and gums. Rubbing the back of the hand with a 2 per cent. solution causes a decided loss of sensibility in the part. The pain resulting from friction with croton-oil is said to be relieved by a 5 per cent. solution; as also that of pruritus vulvæ and the result of a sinapism.

WITHANIA SOMNIFERA.

This solanaceous plant, widespread along the shores of the Mediterranean, is said to possess hypnotic properties. Dr. Trebut has essayed to verify these assertions and isolate the active principle. An alcoholic preparation gave excellent somniferous results in various subjects suffering from emphysema, alcoholism, and phthisis. An alkaloid has been extracted, absurdly called somniferine; its sulphate is crystalline; to it is due the hypnotic effects; it does not dilate the pupil.

DIURETIC PROPERTY OF CUCUMIS CITRULLUS.

Various preparations, chiefly compounded with honey and sugar, are made of the Cucumis citrullus in the south of Russia, where it has great reputation as a diuretic. It has not as yet been used by medical men, but only as a popular remedy. Dr. S. A. Popoff, who has been making experiments with it, found that when the syrup was introduced into an animal's veins, urine poured out of a cannula inserted into the ureter for several minutes.

COCAINE IN VAGINAL OPERATIONS.

Dr. Yakub has successfully employed a 20 per cent. solution of cocaine in two gynæcological operations, kolpoperineorrhaphy, or, to it give a less alarming name, suture of the perineum and vagina, and the removal of a papilloma from the posterior wall of the vagina. The solution was applied five or six times, and complete local anæsthesia produced. Both the wounds healed by first intention.

THE LUNACY ACTS AMENDMENT BILL.

THE principal objects of the Lunacy Acts Amendment Bill are:—1. To furnish safeguards against the improper confinement of persons as lunatics. 2. To put a stop to the system of single patients, except in the case of lunatics so found by inquisition, and to prevent the establishment of any new licensed houses. 3. To give facilities for the medical treatment of persons who desire to submit to treatment and of idiot and imbecile children. 4. To enable public asylums to be provided for the reception of lunatics not paupers. 5. To give increased powers to the Court for administering the property of lunatics. 6. To make certain amendments in detail with a view to the consolidation of the Lunacy Acts.

The Bill adopts in the main the recommendations made by the Report of the Select Committee on Lunacy Law in the year 1878. The following clauses are selected from the Act as being most likely to prove interesting to the medical profession:—

I. The power of an "officiating clergyman" and overseer to confine a pauper patient is taken away. A report upon every private patient is to be sent to the Commissioners in Lunacy within a month after the patient's reception as a lunatic, and a visit is to be made to the patient as soon as possible. At the end of three years after the reception of a patient, and at the end of every subsequent year, a special report is to be made on his case. If no report is made, the order for his detention comes to an end. If the report is not satisfactory, the patient is to be visited, and, if it is thought proper, discharged.

II. Any person may apply to the Commissioners for authority to have a patient medically examined with a view to his discharge if his detention should prove improper. Encouragement is given to the relatives of a pauper lunatic to take charge of the lunatic by allowing the visitors of the asylum to pay for the lunatic's maintenance whilst under the care of his relatives. Power is given to the Commissioners to make inquiries as to persons who are treated as lunatics in charitable and religious establishments and in the houses of persons who derive no profit from the charge.

III. Persons who, though not of unsound mind, are desirous of submitting to medical treatment may be received as boarders in hospitals and licensed houses.

IV. Persons not paupers may be received in county and borough asylums upon special terms, and the justices of counties and boroughs are authorised to provide accommodation for lunatics not being paupers, either by enlarging existing asylums or by establishing new asylums. Justices are also empowered to purchase licensed houses.

V. Power is given to the Court to appoint a committee of the estate only of a person who, upon inquisition, is found capable of managing himself, but incapable of managing his affairs. Although under the existing law a person may be deprived of his personal liberty upon an order signed by a relative and two medical certificates, there is no power (except in cases under £2000 or £100 a year) to protect and administer his property without the expensive procedure of an inquisition. This is amended by giving power to the judge in lunacy to exercise all the powers over the property of a person confined under order and certificates, or incapacitated by age or infirmity, which he could exercise upon inquisition.

VI. Miscellaneous amendments: (*a*) As to the letters of patients; (*b*) amendments as to licensed houses; (*c*) amendments as to asylums: (*d*) The provisions for the registration of hospitals where lunatics are received; (*e*) power to retake lunatics escaping into Ireland, Scotland, or England. Power has also been taken to amalgamate the lunacy departments if it is found expedient to do so.

1. (1) This Act may be cited as the Lunacy Acts Amendment Act, 1886, and shall come into operation on the 1st of January, 1887. This Act shall not extend to Scotland or Ireland.

2. (1) The justices of every county and borough shall appoint out of their own body as many fit and proper persons as they shall deem necessary to exercise the powers conferred by this Act upon justices of the peace in relation to orders for the reception of lunatics not being paupers.

3. (1) Except in cases of urgency, no person, not being a pauper or a criminal lunatic, and not being a lunatic so found by inquisition shall be received or detained as a lunatic in any asylum, hospital, or licensed house, or as a single patient, without an order under the hand of a judge of county courts, stipendiary magistrate, or justice of the peace having jurisdiction in the place where the lunatic is. No relative of the person applying for an order under this section, or of the lunatic, or of the husband or wife of the lunatic within any of the degrees of kindred included in the term "relative," as defined by this Act, shall be capable of making such order. (2) The order shall be obtained upon a private application by petition, accompanied by a statement of particulars and by two medical certificates on separate sheets of paper, under the hands of two duly qualified medical practitioners. (5) The petitioner shall undertake that he or someone specially appointed by him will visit the patient once in every six months. (7) One of the medical certificates accompanying the petition shall, wherever practicable, be under the hand of the usual medical attendant, if any, of the alleged lunatic. Where the person to whom the petition relates has been received under care and treatment under an urgency order, neither of the medical certificates accompanying the petition shall be signed by the medical practitioner who signed the certificate accompanying the urgency order. (8) Nothing herein contained shall prevent a consultation between the persons signing the certificates at any time or place before the signature thereof. (9) Upon the presentation of the petition, the judge, if satisfied with the evidence of lunacy appearing by the medical certificates, may forthwith make an order thereon, or may appoint a time, not being more than seven days after the presentation of the petition, for the consideration thereof, of which appointment notice (unless personally given to the petitioner) shall be sent to the petitioner by post. (11) The petition shall be considered in private, and no one, except the petitioner and the persons signing the medical certificates shall, without leave of the judge, be present at

the consideration thereof. (12) The judge, if not satisfied with the evidence of lunacy appearing by the medical certificates, may make such further inquiries as he may think fit, and may take evidence on oath, and may visit the alleged lunatic. (13) The judge may make an order on the petition or dismiss or adjourn the same for any period not exceeding fourteen days. (14) Every judge, and all persons admitted to be present at the consideration of any petition, shall be bound to keep secret all matters and documents which may come to his or their knowledge, except when required to divulge the same by lawful authority. (18) No order under this section shall authorise the taking or reception of a patient after the expiration of seven clear days from its date. (19) A copy of the petition shall be sent to the Commissioners or Clerk of the Visitors by the clerk of the asylum, superintendent of licensed house, or person having charge of a single patient, upon the admission of a private patient.

4. (1) In cases of urgency an alleged lunatic (not a pauper) may be received and detained upon an urgency order, accompanied by one medical certificate. (2) The medical practitioner must in such a case have examined the alleged lunatic not more than three clear days previously to the reception of such person. (3) An urgency order may be signed before or after the medical certificate. (4) An urgency order shall, if possible, be signed by a relative or by the husband or wife of the alleged lunatic. (6) An urgency order may be made as well after as before the petition has been presented. (7) Shall remain in force for seven days from its date.

6. No medical certificate accompanying a petition for an order for the reception of a private patient, or accompanying an urgency order, shall be signed by the petitioner or person signing the urgency order, or by certain relatives, or by the assistant of such person.

18. Gives power to justices to order payment of remuneration to medical practitioner for examination of alleged lunatic, whether pauper or not.

38. All letters from patients to be forwarded to the Lord Chancellor or Commissioners unopened.

39. There shall be posted up in every asylum—(*a*) The right of every patient to have any letter written by him forwarded to the Commissioners or Masters in Lunacy. (*b*) The right of every private patient to request a personal and private interview with a Visiting Commissioner or Visitor.

51. The committee of management of any hospital may grant to any officer or servant incapacitated by illness or age, who has served not less than fifteen years and is not less than fifty years old, a superannuation allowance, not exceeding two-thirds of his or her salary.

COURSE OF INSTRUCTION AT HASLAR.

THE sixteen gentlemen who recently obtained commissions as surgeons in the Royal Navy having joined Haslar Hospital, the eleventh session of the Naval Medical School was opened on the 1st inst. Among those present were the Commander-in-Chief, Sir George O. Willes, K.C.B.; Sir John Watt Reid, M.D., K.C.B., Director-General of the Medical Department of the Navy; Inspector-General Dick, R.N.; Captain Colomb, R.N., H.M.S. *Duke of Wellington;* Deputy Inspector-General Mortimer, R.N.; Brigade Surgeon Codrington, A.M.S.; Mr. Giffard, R.N., Secretary to the Commander-in-Chief; Fleet Surgeon Maclean, R.N.; and Flag-Lieutenant Floyd, R.N.

Fleet Surgeon Walter Reid, M.D., who conducts the course of instruction, delivered the opening address. He pointed out the advantages to those entering the Naval Medical Service of a residence at Haslar Hospital, with its many naval associations and surroundings, and gave an outline of the course that would be carried out during the session.

At the conclusion of the address the Medical Director-General thanked the Commander-in-Chief for being present; and Sir George Willes, speaking in response, welcomed into the naval service the gentlemen who had just entered, and offered them some friendly advice, of which, after fifty years' experience of naval life, he knew the great value.

The opening ceremony over, all present adjourned to the mess-room, where the visitors were entertained at luncheon by the officers of the establishment.

THE MEMBERS OF THE ROYAL COLLEGE OF SURGEONS.

AT a meeting held on Feb. 26th, the Central Committee of the Association of Members of the College of Surgeons passed the following resolution: "That the Association of Members of the Royal College of Surgeons, believing that the proposal to increase largely the number of Honorary Fellows of the College would in no way tend to a solution of the questions now pending between the Council and the Members, determines to resist the adoption of such a scheme as being detrimental to the best interests of the College, its Members and Fellows."

At the same meeting a sub-committee was appointed to consider and report to the Central Committee such alterations in the existing charters of the College as it may seem advisable to draft, in view of the presentation to the Privy Council of the petition now in course of signature by the Members of the College.

LONDON SANITARY PROTECTION ASSOCIATION.

AT the fifth annual general meeting of this Association, held last Saturday, in their offices, 1, Adam-street, Adelphi, Mr. Robins, F.R.I.B.A., read the report of the Council, which congratulated the members on their numbers, now exceeding 1000. The report gives a long list of country mansions inspected by the engineers during the year, also a list of important buildings in London and the neighbourhood, including amongst others the London Lock Hospital, St. Thomas's Hospital (part of), Grove Hall Asylum, Bow, and Bethnal House Asylum. The general character of the houses inspected was as insanitary as ever, only 5 per cent. being found in perfect order, and 9½ per cent. (in addition) in fairly good order, whilst in 60 per cent. foul air was escaping directly into the houses, and in 21 per cent. sewage was partly retained underground by leakage or choking of pipes.

In moving the adoption of the report, the Chairman said that their system was one of practical testing. The engineers continued to use the "smoke rockets," and found them very useful.

Mr. Timothy Holmes, honorary treasurer, having read his report—showing the receipts (including balance brought forward) to be £2422, and expenditure £1949, leaving a balance of £473, against which are outstanding claims to the amount of about £200—congratulated the Association on the progress which had been made, which he had no doubt would have been much more rapid but for the very satisfactory state of the public health. He alluded in feeling terms to the death of the founder of the Association, Professor Fleeming Jenkin, who had been his own personal friend.

Mr. C. S. Loch, of the Charity Organisation Society, in seconding the adoption of the report, said it was hopeless for them to try to persuade the labouring classes of the importance of keeping their houses in a good sanitary state unless a good example were shown by the class above them.

The report was adopted unanimously, after which all the outgoing members of Council were unanimously re-elected, and the meeting separated after the customary votes of thanks.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

IN twenty-eight of the largest English towns 5925 births and 4217 deaths were registered during the week ending February 27th. The annual death-rate in these towns, which had steadily increased in the preceding four weeks from 22·1 to 24·4 per 1000, was last week 24·2. During the first eight weeks of the current quarter the death-rate in these towns averaged 23·1, and was 1·6 below the mean rate in the corresponding periods of the ten years 1876-85. The lowest rates in these towns last week were 13·1 in Derby, 17·9 in Leicester, 18·1 in Bradford, and 19·3 in Halifax. The rates in the other towns ranged upwards to 28·9 in Manchester, 29·4 in Preston, 30·0 in Plymouth, and 30·5 in Blackburn. The deaths referred to the principal zymotic diseases in the twenty-eight towns, which had increased in the previous four weeks from 360 to 425, declined again

last week to 385; they included 161 from whooping-cough, 91 from measles, 34 from scarlet fever, 33 from "fever" (principally enteric), 33 from diphtheria, 32 from diarrhœa, and not one from small-pox. These zymotic diseases caused no deaths last week in Norwich, Derby, or Birkenhead; whereas they caused the highest death-rates in Nottingham, Plymouth, and Blackburn. Whooping-cough caused the greatest mortality in London, Portsmouth, and Salford; measles in Oldham, Nottingham, Plymouth, and Blackburn; scarlet fever in Leeds; and "fever" in Preston and Wolverhampton. The 33 deaths from diphtheria in the twenty-eight towns included 20 in London, 5 in Bristol, and 2 in Birmingham. Small-pox caused 1 death in Liverpool, and not one in any of the twenty-seven other large towns. The number of small-pox patients in the metropolitan asylum hospitals situated in and around London, which had declined in the preceding fifteen weeks from 90 to 10, rose to 15 on Saturday last, and 7 new cases were admitted to these hospitals during the week, against but 1 and 2 in the previous two weeks. The deaths referred to diseases of the respiratory organs in London, which had been 479, 584, and 639 in the preceding three weeks, further rose last week to 647, and exceeded the corrected weekly average by 181. The causes of 108, or 2·3 per cent., of the deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Leeds, Leicester, Portsmouth, and in five other smaller towns. The largest proportions of uncertified deaths were registered in Salford, Oldham, Hull, and Norwich.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been equal to 24·5 and 22·3 per 1000 in the preceding two weeks, rose again to 23·5 in the week ending February 27th, but was 0·7 below the mean rate during the same week in the twenty-eight English towns. The rates in the Scotch towns last week ranged from 14·1 and 15·3 in Leith and Aberdeen, to 20·8 in Paisley and 31·0 in Glasgow. The 580 deaths in the eight towns showed an increase of 29 upon the number in the previous week, and included 19 which were referred to whooping-cough, 12 to diarrhœa, 6 to "fever" (typhus, enteric, or simple), 6 to scarlet fever, 5 to measles, 3 to diphtheria, and not one to small-pox; in all, 51 deaths resulted from these principal zymotic diseases, against 53 and 46 in the preceding two weeks. These 51 deaths were equal to an annual rate of 2·1 per 1000, which was 0·1 below the mean rate from the same diseases in the twenty-eight English towns. The fatal cases of whooping-cough, which had been 17 and 13 in the previous two weeks, rose last week to 19, of which no fewer than 17 occurred in Glasgow. The 6 deaths referred to "fever" showed an increase of 4 upon the exceptionally low number in the previous week, and included 2 in Greenock and 2 in Leith. Five of the 6 deaths from scarlet fever occurred in Glasgow. The 5 fatal cases of measles included 3 in Edinburgh, and 2 in Glasgow; and the 3 of diphtheria corresponded with the number in the previous week. The 12 deaths attributed to diarrhœa showed a decline from the numbers in recent weeks, but slightly exceeded the number in the corresponding week of last year. The deaths referred to acute diseases of the respiratory organs in the eight towns, which had been 135, 144, and 153 in the preceding three weeks, further rose last week to 159, and exceeded by 34 the number returned in the corresponding week of last year. The causes of 65, or more than 11 per cent., of the deaths in the eight Scotch towns last week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been equal to 38·6 and 31·8 per 1000 in the preceding two weeks, further declined to 30·4 in the week ending Feb. 27th. During the first eight weeks of the current quarter the death-rate in the city averaged no less than 32·3 per 1000; the mean rate during the same period did not exceed 23·5 in London, and 18·5 in Edinburgh. The 206 deaths in Dublin last week showed a further decline from the still higher numbers in the previous two weeks, and included 22 which were referred to the principal zymotic diseases, against 26 and 20 in the previous two weeks; 18 resulted from whooping-cough, 2 from "fever," 1 from diphtheria, 1 from diarrhœa, and not one either from small-pox, measles, or scarlet fever. These 22 deaths were equal to an annual rate of 3·3 per 1000; the rate from the same diseases last week did not exceed 2·7 in London and 1·4 in Edinburgh. The fatal cases of whooping-cough, which had been 10 and 16 in the previous two weeks, further rose last week to 18, and exceeded the number returned in any week since the second of this year, when they were 19. The 2 deaths referred to "fever" corresponded with the number in the previous week. Four inquest cases and 3 deaths from violence were registered, and 57, or more than a quarter, of the deaths were recorded in public institutions. The deaths both of infants and of elderly persons showed a considerable increase upon the numbers in the previous week. The causes of 30, or nearly 15 per cent., of the deaths registered during the week were not certified.

THE SERVICES.

INDIA OFFICE.—The Queen has approved of the following admissions to Her Majesty's Indian Medical Service:—Henry Robert Woolbert, George Henry Baker, Thomas Grainger, M.D., Joseph Rosamond Adie, Arthur Charles Younan, Alfred William Alcock, Arthur Rea Edwards, and John Macfarlane Cadell to be Surgeons in the Bengal Medical Establishment.

The Queen has approved of the retirement from the service of the following officer of Her Majesty's Indian Military Forces:—Surgeon-Major Richard Power, of the Bengal Army. The following officers are granted a step of honorary rank on retirement:—Surgeon-Major Edwin Clement Bensley and Surgeon-Major Richard Power, both of the Bengal Army, to be Brigade Surgeons.

RIFLE VOLUNTEERS.—18th Lancashire (Liverpool Irish): David Edgar Flinn, Gent., to be Acting Surgeon.

Correspondence.

"Audi alteram partem."

THE RATIONAL (?) METHOD OF TREATMENT OF HYDROPHOBIA.

To the Editor of THE LANCET.

SIR,—I think it very necessary to give a caution in regard to Dr. Roy's recommendation of the hypodermic injection of snake-poison in rabies. Dr. Roy tells us "that while brooding over our failures it struck him that Nature could not be so improvident and callous as to leave us thoroughly helpless and unprotected"; and so the brilliant idea is advanced that Nature has been good enough to provide against the ills of mad dog bite by sending us blessings in the shape of venomous snakes. Dr. Roy may be unaware that curara has certain, so to speak, physiological properties in common with cobra-venom; and he is possibly unaware also that curara has been recommended as a remedy in hydrophobia—not, it must be confessed, with any very great success. Passing over the crude, and in some particulars incorrect, description of the physiological action of snake-venoms, I come to the extraordinary recommendation that one grain of cobra-venom should be injected every two hours into the tissues of a person suffering from rabies, according to the symptoms observed. In determining the dose of venom to be injected, Dr. Roy states that he has fixed upon the "happy medium," as ten or fifteen grains are injected into the tissues by a good bite. Now, it is impossible for us to determine what quantity is injected into the tissues at one bite; all we know is that about thirteen grains of the liquid venom—which upon drying is reduced to four or five grains—are obtained from a full-grown vigorous cobra by a certain process, and that that quantity represents almost, if not quite, the contents of the poison glands at one time.

The question then arises, What quantity of cobra-venom would be sufficient to destroy the life of a full-grown man? As we have no direct evidence to guide us, we must take such cases as bear upon the subject. There is a case on record (Chevers's Medical Jurisprudence) in which one krait—a snake having poison glands of a much smaller capacity

than those of the cobra—killed three men and seriously poisoned a fourth, one after the other. Supposing the glands to have contained eight grains of the liquid venom—an excessive estimate, seeing that the animal was only three-quarters grown—the last man mortally bitten could not have received more than two grains at the very utmost, sufficient to prove fatal in less than eighteen hours. The Indian Snake-poison Commission, of which I was a member, showed that a dog weighing 17 lb. could be killed by the hypodermic injection of one-sixteenth of a grain of dried cobra-venom, equal to about one-third of the fluid venom, in thirty-two hours. It is therefore highly probable that the smallest fatal dose of liquid cobra-venom does not exceed two grains, and that is giving the very outside limit.

Now for the next point. Everyone practically acquainted with the subject knows that cobra-venom is a cumulative poison. After the injection of a grain into the tissues of a full-grown man no symptoms would be manifest in two hours, so two grains would certainly be injected—an undoubtedly mortal dose.

Would it not have been better for Dr. Roy to have put his theory to the test first in the case of the lower animals. Mad dogs are by no means uncommon in India, and, fortunately, we are not tied down by any foolish restrictions. At any rate, such an experiment as he recommends in the case of the human subject would be utterly unjustifiable in the face of the facts set forth, and in the absence of any successful experimental investigations on the lower animals.

I am, Sir, yours truly,

Goalundo, Bengal, Jan. 29th, 1886. VINCENT RICHARDS.

LUNACY IN THE DOMESTIC CIRCLE.

To the Editor of THE LANCET.

SIR,—The Lunacy Laws, which are about to be consolidated and amended by Acts of Parliament, introduced by the Lord Chancellor, who is the State guardian of lunatics, as he is of minors, recognise, as heretofore, but two conditions of mind. These are lunacy and sanity. The intermediate state, of which medical practitioners are fully cognisant, displays itself in the form of eccentricities, often innocent, but sometimes malign, and is not recognised by law till the subject is so lost to self-control as to be unable to resist breaking the law. Nor is it as a rule admitted, if the crime falls short of something very heinous, that this intermediate state divests an individual of responsibility. The great dramatist so depicted his ideal in "Hamlet" that experts of the present day are divided in opinion as to whether he intended the madness to be feigned or real. A nineteenth century jury would in all probability in such a case realised acquit a murderer on the ground of insanity, while in the absence of murder they would on similar evidence to that of the dramatist pronounce the person sane. There are many "Hamlets" at large in society, causing as much remorse in their family circle as Hamlet is represented to have done, yet equally difficult to pronounce insane. Some of these will not be recognised as insane till they become murderers. Many of the criminal lunatics have passed through the intermediate state recognised by medicine, but not admitted by law. Most people can point to friends or acquaintances a little "touched." The peace and happiness of many a domestic circle are marred by such ones. So long as these remain innocent they may be fairly left to themselves, but something is needed to enable relatives to have control exercised whenever the want of mental balance threatens to lead on to such disregard of moral and social order as is often seen. The line between the individual of one false idea and the lunatic is indefinable. The false impression in the sane should be transient, while in the insane it is persistent. It may not be easy for the law to take cognisance of such a one, "nor stands it safe with us to let his madness range." If, however, a medical man certifies that a person is of unsound mind, he renders himself liable to an action at law, in which a jury may take a different view, and thus the medical man may be subjected to heavy costs and damages. In the proposed amendment of the Lunacy Laws protection should be given to practitioners certifying to the best of their ability and belief, or they will evade the responsibility, and leave lunatics to the care of their friends.

I am, Sir, yours obediently,

March 1st, 1886. GENERAL PRACTITIONER.

"THE CORPUS LUTEUM."

To the Editor of THE LANCET.

SIR,—The leader in your issue of January 30th, on the above subject, raises some old questions of great importance, which are not yet finally settled, though the facts upon which their settlement depends are known; they are as follows:—A corpus luteum is a structure developed in the higher mammalia for the purpose of closing, in a round-about way, the wound of the ovary caused in the process of extrusion of an ovum; the plicated yellow membrane developing ultimately into connective tissue and a cicatrix. The complicated method of this process has probably some additional purpose which is not at present clear. A corpus luteum is a corpus luteum or it is not one—that is to say, there is no such thing as a false one. Again, all corpora lutea are of menstruation, or more correctly, of ovulation, and the great question raised is, in what way does the corpus luteum, when impregnation occurs, differ from the corpus luteum when impregnation does not occur? The answer is that while there is often a difference in size, there is no such constant difference as to lead us to say with certainty that impregnation has or has not occurred. The only certain difference is in their duration: in the one case the duration of the corpus luteum as a body of characteristic appearance, and not simply a shrivelled mass of connective tissue, is limited to five or six weeks; in the other, if pregnancy is maintained to the full time, to a similar period after parturition, or after abortion if that takes place. The average size of the two, I believe, is frequently the same, and not very large, the average longest diameter not exceeding half an inch; the largest corpora lutea, which sometimes, though rarely, almost equal the ovary in size,[1] and measure from three-quarters to an inch in length, are, with some exceptions, only developed when pregnancy occurs; an exceptionally large corpus luteum without pregnancy is figured by Coste in his Atlas (Plate I[a], Fig. 5), and I have seen one in an ovary removed by Mr. Willett for early cystic disease. It is well known that there may be no corpus luteum at all either with or without pregnancy, and it appears that the corpus luteum is subject to the same variations in extra- as in intra-uterine pregnancy. Coste recognised the difficulty, and, on page 260 of the "Histoire du Développement des Corps Organisés," he answers the question of the possibility of being able to determine, by the characters of the corpus luteum, if a woman had or had not been lately pregnant. "Je crois, pour ma part, à la possibilité d'une semblable détermination,.....mais il ne faut pas oublier que, dans une question aussi délicate, on ne peut avoir recours à ce moyen de conviction que pour les cas où il a une incontestable signification, car il y a des circonstances dans lesquelles on ne peut en tirer aucun parti."

The matter appears to stand thus: we are unable to say, with certainty, in a large proportion of cases, from the characters of a corpus luteum whether pregnancy has or has not occurred, and the value of this as a single criterion for our own information is limited, and for medico-legal evidence quite unreliable. No one, however, who has carefully studied the anatomy of parturition and abortion should have much difficulty in deciding whether a uterus and vagina have undergone one of these processes recently, say, within a month or six weeks of the event, especially in such cases when some complication has caused the death of the patient.—I am, Sir, your obedient servant,

Harley-street, Feb. 9th, 1886. WALTER G. A. GRIFFITH.

"MR. HORSLEY'S CRITICISM OF PROFESSOR SCHIFF."

To the Editor of THE LANCET.

SIR,—Now that Dr. Huggard has made the *amende honorable*, I should be loth to seek a further hearing did I not feel that the importance of Professor Schiff's latest announcement deserves special attention by your readers. Dr. Huggard quotes Professor Schiff (*verbatim*) as saying that although the opinion that the crossed lateral (pyramidal) tract is motor is a very general one, he (Professor Schiff) is going to prove that it has no such function. It

[1] See specimen No. 3072, Path. Series, St. Bartholomew's Hospital Museum.

certainly is a very general opinion, and it seems to me that Professor Schiff will have to follow the example of Professor Ptthmllnsprts, in Kingsley's "Water Babies"—i.e., "get up very early in the morning and eat his breakfast overnight" "in order to prove" the contrary; and yet I daresay, like that distinguished person, he too will do it, "at least to his own satisfaction."—Yours sincerely,

Park-street, W., Feb. 20th, 1886. VICTOR HORSLEY.

P.S.—The last paragraph of Dr. Huggard's letter will be fully criticised in my paper in the forthcoming April number of *Brain*.

LIVERPOOL.

(*From our own Correspondent.*)

A YEAR'S PORT SANITARY WORK.

DR. J. STOPFORD TAYLOR, the medical officer of health, has just presented to the Health Committee his annual report on the work done by the officers of the port sanitary authority, 1885. Of a total of 20,894 vessels which entered the port during the year, 4078 were inspected, of which 2841 were British, 3873 were found in fair sanitary condition, and 205 defective. In 72 the forecastles, peaks, deck-houses, or cabins required cleaning, as well as painting or lime-washing; in 12 the bulkheads were defective; in 80 there was deficient ventilation; in 22 the closets were faulty; and in 19 the deck over the quarters occupied by the crew required caulking. The improvements mentioned in former reports continued, and all suggestions of the inspector were readily complied with. The condition of the French, Spanish, Italian, Russian, and Greek vessels had been fairly satisfactory during the year; the German, Danish, Belgian, Dutch, Swedish, and Norwegian continued to be kept in excellent order. The Liverpool-owned vessels were, as a rule, in very good condition, and so also were most of the English ships. The steamers carrying Lascar crews appeared to a casual observer to be crowded and untidy, but on inspection there was sufficient room, and the crews' quarters were in a very fair condition. The Spanish ships had shown a decrease, which might, in a measure, be accounted for by the epidemic prevalence of cholera in Spain.

THE LATE REV. HUGH STOWELL BROWN.

Liverpool has sustained a severe loss in the death of the well-known Baptist minister, the Rev. Hugh Stowell Brown. The deceased was a warm supporter of the local medical charities, whose claims he used to advocate long before the institution of Hospital Sunday, in the establishment of which he took a warm interest, and was from the first a member of its committee.

THE DISPENSARIES.

The annual meeting of the Liverpool Dispensaries was held last week. A resolution to abolish the honorary medical appointments, substituting a paid chief medical officer at each of the three dispensaries, was carried by a small majority. A great change has taken place in the position of these institutions within the last thirty years. Formerly the honorary appointments were eagerly sought and keenly competed for by local physicians and surgeons, who subsequently rose to the highest position. But of late years this has not been so, and there has been comparatively little competition for the honorary offices, although a pecuniary honorarium has been added of forty guineas annually. There is much to be said in favour of the proposed change. It is to be hoped that better accommodation will be provided for the resident medical officers, both present and future, at the North Dispensary, which was built a great many years ago, in which the apartments, especially the bedrooms (if, indeed, they deserve such a name), are simply wretched. It speaks volumes for the patience of the resident medical officers that they have so long endured such a state of things.

THE LORD BISHOP AT THE ROYAL INFIRMARY.

The Right Rev. Dr. Ryle, Bishop of Liverpool, preached on Sunday last in the chapel of the infirmary at the afternoon service. The chapel, which is the gift of a former president, was filled to overflowing by the patients and officials. The musical part of the service was well rendered by a choir of nurses. After the service the bishop visited the wards.

NORTHERN COUNTIES NOTES.

(*From our own Correspondent.*)

NEWCASTLE INFIRMARY.

IT was stated at the annual meeting of this institution and some points of which I briefly alluded to in my last letter, that the idea generally prevails that all in-patients are admitted in consequence of being provided with a letter from a governor who is a subscriber to the hospital of two guineas a year, and that these letters are sometimes thoughtlessly given to impostors who, on the strength of them, are without question received into the hospital. This is not the case; no patients are admitted whose cases are not real and generally pressing ones; and, further, it is shown that many are received who have no letter. It is shown in the report that of the 2846 admitted in the past year, only 1294, or less than one-half, were provided with letters. Cases of accident are always received the moment they reach the door. It was also pointed out, as regards the fact of the number of casuals relieved being double that of five years ago, that one cause has had a powerful effect on the increase of late—namely, the large amount of distress which has prevailed in the district. "Hunger and nakedness have produced disease, whilst the sufferers, often clerks and artisans who have once held a respectable position in society, having been long without employment, have not the means of procuring food, much less of applying to their ordinary medical advisers for relief." It was also shown in the report that the financial position of the infirmary is far from being satisfactory, as evidenced by the fact that the annual subscriptions have remained nearly stationary in amount for nearly a quarter of a century, and for the past year have been actually less by about £150 than they were ten years ago. Altogether there was a deficiency of income of over £5000. The infirmary had received from the Hospital Sunday Fund £1916 14*s.* 7*d.*—more than last year by £169 3*s.* 5*d.*

THE MATCH-POISONING MANIA.

The match-poisoning mania appears to be extending in the North. A case is reported from Sunderland in which a young man, aged twenty-two, during some depression of mind from ill-health, attempted to destroy his life. He steeped the heads of a box of matches in some hot tea, which he swallowed. Fortunately the rash act was observed by his father, and immediate steps were taken to counteract the poison, so far apparently with success.

DEATH FROM LEAD POISONING.

An inquest has been held by the city coroner of Newcastle on the body of Eliza Jane Hutchinson, who had died rather suddenly. It was shown that the deceased, a single woman aged twenty-eight, had worked for three years at a white lead factory in Newcastle, and had been under treatment three months ago at the Newcastle Infirmary for lead poisoning. In her last and fatal illness she was seized with sickness, pain in the head and limbs, and then appeared to go into a fit of an epileptic nature, from which she did not recover. The verdict was "Death from natural causes accelerated by the effects of white lead poisoning." It is to be feared that these cases will recur from time to time, unless some means can be devised for doing without female hands in the manufacture of white lead.

NEWCASTLE CLINICAL SOCIETY.

The annual banquet of the Clinical Society took place on the 19th ult. at the Central Station Hotel in this city. Dr. Limont presided, and in addition to being well attended by practitioners in the district, the entertainment was very spirited and successful. Dr. Campbell undertook the onerous and important post of secretary, and he and the other promoters are to be congratulated on the result.

DEATH OF DR. MORRIS, CHESTER-LE-STREET.

Great regret has been felt here in medical circles by the almost sudden death of Dr. Walter Cameron Morris, an active general practitioner at Chester-le-Street. Dr. Morris received a severe chill in the course of his arduous duties, which brought on acute enteritis, from which he never rallied, dying on Feb. 12th, after five days' illness. He was attended by Dr. Drummond of this city, and also by Dr. Wards of Pelton Fell. Dr. Morris held several important public appointments, as well as being ordinary medical

attendant to the Earl of Durham and the household at Lambton Castle. He was in his thirty-sixth year, and leaves a widow and two children.

Newcastle-on-Tyne, February 22nd.

EDINBURGH.

(From our own Correspondent.)

THE LATE DR. SIDEY.

By the death of Dr. James A. Sidey Edinburgh has lost one of its best-known practitioners, and a citizen of wide culture and marked literary tastes. In addition to his very extensive general practice, Dr. Sidey held the post of Surgeon to the Calton Prison, one of the most extensive penal institutions in Scotland, and one which has of late years undergone great improvement in its sanitary and domestic arrangements under his advice. Striking evidence of the wide respect in which the deceased gentleman was held was forthcoming last Monday on the occasion of his funeral, which was attended by a very large gathering of his professional brethren and of the general public, notwithstanding the extremely inclement weather which prevailed.

SMALL-POX AT QUEENSFERRY.

Some anxiety has been felt in the neighbourhood of Edinburgh during the last few weeks in consequence of an outbreak of small-pox which has occurred in and around Queensferry, a small town about eight miles from this city. The occurrence was the more alarming from the fact that nearly 2000 operatives are employed there in the construction of the Forth railway bridge, a gigantic piece of engineering work, which it will take several years to accomplish. It was feared that the disease might spread rapidly amongst these workmen, and Queensferry become a focus whence its ravages might spread in various directions. By the prompt action of the local sanitary authorities, and especially of Dr. James Hunter, the medical officer in charge of the works, this risk has been obviated; for at an expense of about £500 a floating hospital has been fitted up on board the *Hugomont*, which provides for the complete and early isolation of cases as they arise. The ship has been arranged on the general plan adopted in the floating hospital on the Thames, and is moored in the Firth of Forth at a safe distance from the shore. Arrangements for thorough fumigation and disinfection have also been completed, and it is anticipated that the disease will shortly be entirely stamped out.

ROYAL SOCIETY OF EDINBURGH.

At the last meeting of this Society, Professor Douglas Maclagan, Vice-president, in the chair, several important papers were read relating to physical science. Sir William Thomson dealt with an interesting point in regard to Newton's law of attraction; he finds that in the case of particles of matter at distances of less than ten micro-millimetres from one another the general law that attraction varies inversely as the square of the distance does not hold true, but that a mutual attraction in an enormously increased ratio comes into action. As an explanation of this deviation from the Newtonian law he offers the ingenious suggestion that there are mutual movements established amongst the molecules of the contiguous particles of matter, in virtue of their close contiguity, analogous to those which result in the cohesion of the molecules, of which each of the particles of matter is itself made up; and that this, superadded to the ordinary gravitation of masses of matter, explains the sudden increase in mutual attraction observed when dealing with these minute distances. A paper by Dr. John Aitken on the effect upon climate of the small conducting power of snow was communicated by Professor Tait. Dr. Aitken finds that although the temperature observed on the surface of snow may be several degrees below zero, that registered immediately underneath the snow layer is not below 32°F. This accounts for the fact that advanced vegetation may be found to have taken place under a thick layer of snow; but although the vitality of vegetable organisms is thus preserved by the presence of a layer of snow which prevents radiation of heat from the soil beneath it, such a soil is cut off from the absorption of heat from the sun's rays so long as the covering of snow persists, and as a result there is great retardation of the season in regions where a great thickness of snow must be removed before the sun's rays gain access to the surface of the soil.

Edinburgh, March 2nd.

ABERDEEN.

(From our own Correspondent.)

DEAN OF THE MEDICAL FACULTY.

PROFESSOR STEPHENSON has been appointed Dean of the Medical Faculty in room of Professor Brazier, who lately resigned both that office and the secretaryship, which has not yet been filled up. Many graduates and students will have pleasant recollections of Professor Brazier as the kind and genial secretary who was ever willing to give them the benefit of his advice and lend a sympathetic ear to their complaints.

THE PHYSIOLOGY CHAIR.

Mr. J. McGregor Robertson, M.A., M.B., C.M., Muirhead Demonstrator of Physiology in Glasgow University, is a candidate for the Chair of Physiology in Aberdeen University. He graduated with honours in Medicine and Surgery in 1880, and has since then devoted himself to physiology. He has also written a text-book on "Physiological Physics."

MEDICAL OFFICER OF HEALTH FOR THE CITY.

Dr. Matthew Hay, Professor of Medical Jurisprudence in the University, and Dr. Theodore Thomson, Resident Assistant Medical Officer to the South-Eastern Hospital, London, are candidates for the post of medical officer of health for Aberdeen. Dr. Hay's professorial duties occupy him only one hour a day for three months in the year, so that practically he could devote the whole of his time to the work of the sanitary department. In his letter of application, Dr. Thomson says he acquired his special public health training under Dr. Littlejohn of Edinburgh, and during the last two years he has made a special study of the various forms of acute infectious diseases, with their prevention, and the kindred subjects of isolation and disinfection.

ABERDEEN ROYAL INFIRMARY.

In their report to be submitted to the next general meeting of the managers of the Royal Infirmary, the Special Sub-inquiry Committee recommend that the medical staff should be increased by (1) a medical officer for diseases of women, (2) two assistant physicians, (3) a surgeon for diseases of the ear, (4) a medical officer for diseases of the skin, (5) a second assistant surgeon, and (6) two additional house residents, a surgeon, and a physician. The Committee of Management must be sadly perplexed by the number of plans for the reconstruction of the hospital submitted for their consideration. Mr. Saxon Snell has sent in a third sketch plan which shows an extension of the medical side of the present building, a new surgical pavilion, and the adaptation of the surgical side of the present building for clinical and administrative purposes. This scheme provides 236 beds, at an estimated cost of £25,000. The financial problem is not the least of the difficulties in the question of remodelling the hospital, and it must be disheartening to the managers, and more particularly to those specially interested in and working out the proposed changes, to find the income for the past year fall short of the expenditure by no less a sum than £956.

SMALL-POX AT WOODSIDE.

Small-pox has made its appearance among the rag-workers at Woodside, near Aberdeen; but the cases were at once removed to the local epidemic hospital, and so the disease is not likely to spread. Almost every year rags give rise to one or two cases of small-pox among the workers in the rag department of the Woodside Paper Works, but prompt isolation has hitherto prevented an epidemic.

OPERATION FOR CANCER OF THE STOMACH.

At a recent meeting of one of the Medical Societies Professor Ogston gave a short account of an operation which he had performed on a patient suffering from cancer of the stomach. Excision of the pylorus, the seat of the disease, was meditated, but the cancerous affection was so extensive that this was neither advisable nor possible, and Dr. Ogston therefore determined to make a duodenal fistula. A loop of

the duodenum was included in the wound in the abdominal wall, and an opening was made into the bowel on the second day. The patient made an uninterrupted recovery; was regularly fed through the opening in the duodenum after the second day; was out of bed in ten days after the operation, and in three weeks left for his home in the country.

Aberdeen, March 2nd.

IRELAND.

(*From our own Correspondent.*)

DUBLIN HOSPITALS COMMISSION.

THE sittings of the Dublin Hospitals Commission were resumed last Monday, when some of the medical staff of Mercer's Hospital were examined, to reply to the charges made against that institution by Mr. O'Grady, the senior surgeon. Mr. Holmes, Treasury Remembrancer, a member of the Commission, elicited the fact that there were several gentlemen on the Board of Governors who did not contribute a single shilling to the funds of the hospital, which he considered one of the most important circumstances brought out in the inquiry. The inquiry was continued on the following day. The report of the Commission, which has been so long delayed, will be waited with interest.

THE COLLEGES AND THE LORD-LIEUTENANT.

The following address has been presented to His Excellency the Lord-Lieutenant by the President and Fellows:—"We, the President and Fellows of the King and Queen's College of Physicians in Ireland, beg to approach your Excellency on your arrival in this country as Her Majesty's Viceroy. Our College, which derives its existence from charters granted by Her Majesty's royal predecessors, King Charles II. and King William III. and Queen Mary, and which had additional powers conferred upon it by Her Gracious Majesty in 1878, has ever been mindful of the important trust committed to it, and has endeavoured to discharge its functions by furthering the advancement of medical science and by securing a succession of educated physicians for the service of the State. The King and Queen's College of Physicians has at various times rendered its aid and professional advice to the Government in devising and carrying into effect measures dealing with the public health, and now, as at all times, the College will consider it to be its duty, as it is its anxious desire, to afford every assistance to Her Majesty's Government in all matters relating to both curative and preventive medicine." An address has also been presented by the Royal College of Surgeons to the Lord-Lieutenant, welcoming him to the country as the representative of Her Majesty, inviting his favour to the corporation, and expressing the hope that in future years his recollections of Ireland may be of a pleasurable kind.

BELFAST MAIN DRAINAGE.

This scheme will shortly come before a select committee of the House of Commons, and it is generally expected that it will be opposed by a section of the ratepayers. There is no doubt, however, that a drainage scheme of some kind is urgently required, for it is stated that at present the sewers are blocked up by the tide twice every day, while sewer gas is forced up and into dwelling-houses by defective traps. The chief objection against the scheme of the borough surveyor is that the sewage will go back on the slob and cause a nuisance; and Mr. Lanyon, an eminent engineering authority, believes that this result will take place because the discharge of sewage can only take place after half-ebb, and that it will have to force its way out against the higher level of low water. It is, however, asserted that the discharge can take place and be completed during the first half of the ebb, which removes the difficulty suggested. On the whole, the scheme of the Corporation appears a feasible one, and one which it is to be hoped will not be delayed by a futile opposition.

POLLUTION OF THE RIVER LEE.

Last week in the Vice-Chancellor's court application was made to make a consent a rule of court at the relation of the Cork Corporation against the Macroom guardians. The action was instituted for an injunction to restrain the defendants from using any sewer, &c., for conveying sewage into the Sullane, thereby affecting the purity of the water of the river Lee and rendering the same unfit for use and dangerous to the inhabitants of Cork. It appears that the water-supply of Cork is obtained from the Lee, about two miles above the city, and that the towns of Macroom and Massytown are on the banks of the Sullane, one of the tributaries of the Lee. Some time since several cases of typhoid fever occurred in Cork, which were suspected to be due to impure water-supply, and on inquiry it was found that the drainage of Macroom and the other town was conveyed into the Sullane, and the proceedings above referred to were taken to remedy the evil. The Macroom guardians have agreed to carry out a plan by which any further pollution of the water will be prevented.

NATIONAL LYING-IN HOSPITAL.

In addition to the two large maternity institutions, which have performed so much valuable work in Dublin amongst the poorer classes for so many years, a third lying-in hospital was established some time since, and the first annual meeting of the friends of the hospital was held last week. In consequence of the distance at which it is located from the other lying-in institutions, and because of the large suburban district with which it is contiguous, there is no doubt that it will carry out a very useful work, more especially when the hospital is recognised by the various licensing bodies. The master of the hospital is Dr. William Roe, professor of midwifery in the Royal College of Surgeons, who has had great experience in obstetric practice.

The annual meeting of the Dublin Sanitary Association was held last week, and the incoming president for the ensuing year, Dr. Grimshaw, delivered an address bearing on the sanitary condition of the city.

Dublin, March 2nd.

MEDICAL NOTES IN PARLIAMENT.

The Sale of Poisons.

IN the House of Lords on the 26th ult., in reply to the Earl of Milltown, Earl Spencer stated that the Government were now considering the question of the sale of poisons, and in a very short time he hoped to be able to inform the House whether they intended to introduce a Bill.

The Lunacy Acts Amendment Bill.

The Lord Chancellor, in moving on the 1st inst. the second reading of the Lunacy Acts Amendment Bill, stated that it was impossible to exaggerate the importance of the subject with which this Bill proposed to deal, and few would deny the necessity that existed for fresh legislation with regard to it. The provisions of the Bill, which is substantially the same as the one introduced last year by the Earl of Selborne, having been clearly explained, Lord Coleridge, referring to the proposed extinction by degrees of all private asylums, said that he had been of opinion since he had gained any experience in this matter that it was impossible to effect a real and satisfactory change in the lunacy law as long as it remained possible—human nature being what it was—for those persons who kept asylums to have an interest in retaining patients who were placed in their charge. He thought no one with any experience at all could doubt—regard being had to human nature—that to give a medical man an interest in retaining a patient was to subject his moral nature to a strain which few could bear. He trusted that, so far as this Bill went, something would be done to prevent the multiplication of those asylums. He was glad to see that there were alterations proposed in the Bill regarding the present state of the law as to the examination of patients. He thought that some more stringent provisions might with advantage be introduced in the Bill. Especially was this the case with respect to the examination of the lunatic when it was conducted by the magistrates. It should always be conducted with the assistance of a medical man, and after notice to the lunatic himself that he was to be subject to such an examination, in order that he might be given an opportunity of taking part in the proceedings, and of explaining, if he could do so, the circumstances on which his alleged lunacy was founded. He had known of cases where persons had been examined without the slightest idea on their part that they were being examined, and without the slightest expectation on their part that their imprisonment in an asylum was pending. So far as he could see, another useful provision was not to be found in the Bill: According to the present state of the law, the person who put the law

in force against a lunatic, however *bonâ fide* he might act, was not protected. He could not help thinking that this state of the law in many instances caused great hardship, the persons so acting being oftentimes subject to actions for heavy damages. He submitted that some provision protecting the person who acted in a *bonâ fide* manner should be inserted in the measure. The Earl of Milltown, Earl Beauchamp, Lord Bramwell, and others having joined in the debate, the Bill was read a second time.

The Lighting and Ventilation of the House.

On the 2nd inst. the Earl of Limerick moved that the evidence of John Percy, M.D., taken before the Select Committee on the Office of the Clerk of Parliaments and Office of the Gentlemen Usher of the Black Rod in session 1869 be laid upon the table, and that the same be printed. The evidence would be of much value in reference to the lighting and ventilation of the House. The motion was agreed to.

The Pollution of the Thames.

In the House of Commons, on the 25th ult., Mr. Childers, in reply to Mr. T. Rogers, said that the recommendations of the Royal Commission on the Pollution of the Thames by the outfalls at Barking Creek and Crossness had been repeatedly under the consideration of the Metropolitan Board, who have charge of the sewerage of London. They have not yet finally reported their conclusions, but he would press the Board for an early answer.

The Lunacy Commissioners' Reports.

In answer to Mr. W. Corbet, Mr. Childers said that the English Commissioners will undertake to have ready by the end of April, for presentation to Parliament, a tabular statement showing the total number of lunatics in various institutions up to the beginning of each year. The Scotch Commissioners expect to be able to present their report in future by the middle of June.

Army Medical Officers.

In reply to Sir T. Lawrence, Mr. Campbell-Bannerman said that no British medical officers had been sent to report on the campaign between Servia and Bulgaria.

Aberdeen University.

On the 2nd inst., in reply to Mr. J. Campbell, who asked the Secretary for Scotland whether he was not mistaken in referring recently to the chair of physiology at Aberdeen as being at present vacant, Mr. Trevelyan stated that he had received a letter from Professor Stirling intimating that he does not propose formally to resign till the close of the present session.

Medical News.

UNIVERSITY OF CAMBRIDGE. — At a congregation held on the 25th ult. the degree of M.B. was conferred on
W. D. Anderson, Trinity.

ST. ANDREWS UNIVERSITY.—The honorary degree of Doctor of Laws has been conferred on
Dr. A. Keiller, F.R.S.E.

SOCIETY OF APOTHECARIES.—The following gentlemen passed the examination in the Science and Practice of Medicine, Surgery, and Midwifery, and received certificates to practise, on the 11th ult.:—
Pridham, William F., Cromwell-crescent, South Kensington.

Passed on the 18th ult.:—
Deyns, Charles John, Fenny Stratford, Bucks.

Passed on the 25th ult.:—
Kempe, Charles Edward, Ladbroke-grove-road.
Ward, Stanley Edward, Haverhill, Suffolk.

THE death is announced of Dr. Pleischl, formerly assistant to Professor Oppolzer of Vienna.

ON the 27th ult. Dr. B. W. Richardson delivered a lecture on the "Medical Aspects of the Temperance Question" in the Free Assembly Hall, Edinburgh, in the presence of a large audience.

RATING OF PUBLIC CHARITIES.—A conference of authorities of public charities will be held at Guy's Hospital on the 6th inst. (to-day) at 3 P.M., to consider the best means of promoting the passing of an Act of Parliament to restore to public charities exemption from liability to local rates.

ROYAL INSTITUTION.—Professor Arthur Gamgee, M.D., F.R.S., Fullerian Professor of Physiology, R.I., will on Tuesday next (March 9th) begin a course of six lectures on the Function of Circulation. Dr. John Abercrombie, senior, has been elected a member of the Institution.

ROYAL BERKSHIRE HOSPITAL.—At the forty-seventh annual court of the governors of this institution, held on the 23rd ult., it was reported that the balance of £1933 due to the treasurer at the beginning of 1885 had by legacies and donations been paid off and a small balance left to be carried to the current year. The ordinary receipts amounted to £5710 and the expenditure to £6940. The number of in-patients had amounted to 1038, and out-patients to 1536.

ROYAL HOSPITAL FOR CHILDREN AND WOMEN.—The annual general court of governors of this institution was held on the 26th ult., when the committee reported that the number of in-patients during the year was 479, as compared with 471 in 1884; and of out-patients, 7132, as compared with 6015. The reliable income of the hospital was about £2000 per annum less than the required expenditure, and they therefore appealed most urgently for new annual subscriptions, which really form the surest portion of income, donations necessarily being of a fluctuating character, and requiring the committee to make extraordinary efforts to meet expenditure. The deficit at present existing was £450, against £420 last year. The expenditure for the past year had been £3562.

HASTINGS HOSPITAL.—An important discussion, reopening the question of the building site of the new hospital, which, after having been before the public for something like thirteen years, was believed to be definitely settled, took place at the meeting of the governors of the institution on the 2nd inst. Notwithstanding the fact that the former edifice has been wholly demolished and the fresh foundations got in, it was proposed that another site be purchased at a cost of £6000 for the purpose of erecting thereon a new hospital. The arguments in favour of the new project were that the ground on which the old infirmary stood could be sold for £15,000, and that the new site would be more open and in every way more suitable. Eventually a vote was taken, when 47 were in favour of the motion and 22 against. The minority demanded a poll.

MEDICO-PSYCHOLOGICAL ASSOCIATION. — The quarterly meeting of this Association was held at Bethlem Hospital on the 24th ult., Dr. H. Rayner in the chair. Dr. Mickle read a paper on "Some Abnormal Forms of Breathing," and a paper by Dr. Savage was also read on the subject of "Drunkenness in relation to Criminal Responsibility," in the discussion upon which latter paper the opposite views held by judges in recent cases were remarked upon as leaving the present legal aspect of the subject in an unsatisfactory state.—The examinations for the certificate in Psychological Medicine will be held as follows: For England, on March 29th and 30th, Nov. 30th, and Dec. 1st, at Bethlem Hospital; for Scotland, in July next (date unfixed), and Dec. 11th, at the Royal Edinburgh Asylum; and for Ireland, on Jan. 22nd, at Dublin. Candidates intending to present themselves for examination must give notice thereof fourteen days prior to the examination. In England, to Dr. Rayner, Hanwell; in Scotland, to Dr. Rutherford, Dumfries; and in Ireland, to Dr. Courtenay, Limerick.

HOSPITAL SATURDAY FUND.—The board of delegates of this fund met on the 27th ult., when it was decided to hold the ladies' street collection on July 17th next, the workshop collection being due and payable, as usual, on and after the first Saturday in September. A statement was submitted by the Secretary, showing that the organisation had, during the twelve years of its existence, distributed £74,271 among the hospitals, dispensaries, convalescent homes, and surgical appliance societies of the metropolis. In 1874, when the fund was started, only £6141 was collected, and six years afterwards there was merely an addition of £11, but in 1885 the receipts had increased to £11,192. The awards advanced from £4494 in the first year to £5250 in the sixth, and £9500 in the twelfth year. The percentage of expenses to awards was £35·20 in the first four years; 18·30 in the second four years; and in the last four years 14·50. The Council was instructed to investigate the working expenses with a view to the reduction of the cost of management without impairing the efficiency of the work done.

Medical Appointments.

Intimations for this column must be sent DIRECT *to the Office of* THE LANCET *before 9 o'clock on Thursday Morning at the latest.*

BARTLETT, JACOB H., L.R.C.P.Ed., L.F.P.S.Glas., has been appointed Medical Officer for the Sarratt District of the Watford Union.

BLATHERWICK, CHARLES, M.D., M.R.C.S., has been appointed Government Inspector of Alkali Works in Scotland.

BLUMER, F. MILNES, B.A., M.B., has been appointed Medical Officer of Health for the Borough of Stafford.

BROWN, ARTHUR F. F., M.B.Dur., M.R.C.S., has been appointed Medical Officer for the Rochester District of the Medway Union.

CLAY, AUGUSTUS FREDERIC, M.R.C.S., L.S.A.Lond., has been appointed Casualty Surgeon to the Queen's Hospital, Birmingham.

GODDARD, CHARLES ERNEST, L.R.C.P.Lond., M.R.C.S., A.K.C.Lond., has been appointed Surgeon to the Sudbury Village Hospital; and District Medical Officer and Public Vaccinator for No. 2 Harrow Division of the Hendon Union.

MEADOWS, Dr. ALFRED, has been appointed Consulting Physician Accoucheur to the St. George's and St. James's Dispensary.

Births, Marriages, and Deaths.

BIRTHS.

BRACE.—On the 1st inst., at Queen's-gate-terrace, S.W., the wife of William H. Brace, M.D., of a son.

CAMPBELL.—On the 24th ult., at Princes-gate, Liverpool, the wife of W. Macfie Campbell, M.D., of a son.

DEIGHTON.—On the 27th ult., at St. Bernard's, Hills-road, Cambridge, the wife of Frederick Deighton, M.A., M.R.C.S., of a son.

GILKES.—On the 23rd ult., at Carisbrooke-road, Walthamstow, the wife of Norton Gilbert Gilkes, M.R.C.S., of a son.

GRAHAM.—On the 23rd ult., at Sloane-terrace, Sloane-street, Chelsea, the wife of Arthur Graham, L.R.C.S., L.R.C.P.Ed., of a son.

MCKENZIE.—On the 1st ult., at Musgrave-road, Berea, Durban, Natal, the wife of A. McKenzie, M.B., C.M.Edin., M.R.C.S.Eng., of a son.

RINGER.—On the 21st ult., at Lower Seymour-street, Portman-square, the wife of Deputy Surgeon-General Theobald Ringer, Bengal Army (retired), of a son.

SAWTELL.—On the 24th ult., at Stapleton-hall-road, Stroud-green, N., the wife of T. H. Sawtell, M.D.Lond., of a daughter (stillborn).

SPARROW.—On the 23rd ult., at Haslemere, East Southsea, Hants, the wife of Gordon Sparrow, M.R.C.S., L.R.C.P.Ed., of a son.

STAMPER.—On the 26th ult., at Pembroke Dock, the wife of J. Fenton Stamper, M.D., of a son.

VERDON.—On the 22nd ult., at Brixton-road, S.W., the wife of Walter Verdon, M.D., of a son.

WILLES.—On the 28th ult., at Crooms-hill, Greenwich, the wife of William Willes, L.R.C.P., M.R.C.S., of a son.

WILSON.—On the 28th ult., at Roorkee, India, the wife of Surgeon-Major James Wilson, of twins.

MARRIAGES.

BROWNE—DAVIES.—On the 3rd inst., at Lancaster-gate, W., Surgeon-Major Andrew Lang Browne, M.D., Medical Staff, younger son of John Browne, M.D., of Dundalk, Ireland, to Edith Margaret, only daughter of the late Rev. Thomas M. Davies, M.A., Rector of Llanilid-cum-Llanharran, Glamorganshire.

DAVIS—ATKINSON.—On the 2nd inst., at Christ Church, West Hartlepool, by the Rev. H. E. Savage, Edwin Harry Davis, M.R.C.S., L.S.A.Lond., to Mary, daughter of James Atkinson, M.D., of West Hartlepool.

FAULKNER—BEEBY.—On the 10th ult., at St. John's Church, Colaba, Bombay, Alexander S. Faulkner, Surgeon, I.M.S., 19th Bombay Infantry, to Anne W., daughter of the late Rev. W. Beeby.

STIVENS—DRABBLE.—On the 25th ult., at St. Peter's, Bayswater, B. Lyne Stivens, M.D., M.R.C.S., to Isabel Jemima (Belita), only daughter of G. W. Drabble, Esq., of Pembridge-square, and Los Altos, Sandown, Isle of Wight.

DEATHS.

FALWASSER.—On the 4th ult., at Neemuch, Central India, Francis Falwasser, Surgeon-Major, Army Medical Staff, F.R.C.S., fourth son of the late John Frederick Falwasser, J.P., of Sherborne, Dorsetshire.

FORSTER.—On the 2nd inst., at Upper Grosvenor-street, J. Cooper Forster, M.B.Lond., ex-President of the Royal College of Surgeons, in his 63rd year.

MAGENISS.—On the 1st inst., at The Bolton, Peter Mageniss, L.R.C.P.Ed., M.R.C.S., formerly of Euston-road.

SIDEY.—On the 24th ult., at Heriot-row, Edinburgh, James A. Sidey, M.D., aged 61.

N.B.—A fee of 5s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.

BOOKS ETC. RECEIVED.

BUMPUS, J., London.
The Rational Treatment of Strictured Urethra by Absorption. By G. C. Macdonald, M.R.C.S. pp. 72, with Coloured Plates.

CHURCHILL, J. & A., New Burlington-street, London.
The Prescriber's Pharmacopœia. Revised and Edited by Nestor Tirard, M.D.Lond. Sixth Edition. pp. 168.
Outlines of Infectious Diseases: for the Use of Clinical Students. By Jas. W. Allan, M.B. pp. 120.
Clinical Lectures on the Diseases of Women. By J. Matthews Duncan, M.D., LL.D., &c. Third Edition, much Enlarged, with Appendices.
Hospital Sisters and their Duties. By Eva C. E. Lückes. pp. 164.

CLOWES & SONS, Charing-cross, London.
The Optical Manual, or Handbook of Instructions for the Guidance of Surgeons in Testing the Vision of Recruits, &c. By Surgeon-General T. Longmore, C.B.

GRIFFIN, C., & Co., Exeter-street, Strand, London.
The Management of Labour and of the Lying-in Period. By H. G. Landis, A.M., M.D. pp. 329.

HIRSCHWALD, A., Berlin.
Vorlesungen über Pharmakologie für Aertze und Studirende. Von Dr. C. Binz. III. Abtelilung (Schluss).
Ueber Piper Methysticum (Kawa). Untersuchungen von Dr. L. Lewin.

KERNER, W. T., Chicago.
Insomnia and other Disorders of Sleep. By Henry M. Lyman, A.M., M.D. pp. 239.

KEGAN PAUL, TRENCH, & Co., Paternoster-square, London.
Sunshine and Sea: a Yachting Visit to the Channel Islands and Coast of Brittany. By a Country Doctor. pp. 266, with Illustrations.

LEWIS, H. K., Gower-street, London.
Elements of Materia Medica and Pharmacy. By Alfred W. Gerrard. pp. 491.
Lewis's Pocket Medical Vocabulary. pp. 215.
On the Fœtus in Utero as Inoculating the Maternal with the Peculiarities of the Paternal Organism. By Alex. Harvey, M.A., M.D. pp. 140.
On Diseases of the Lungs and Pluræ, including Consumption. By R. Douglas Powell, M.D.Lond. Third Edition, Rewritten and Enlarged. pp. 497, with Illustrations.

LONGMANS, GREEN, & Co., Paternoster-row, London.
The Rotifera or Wheel-Animalcules. By C. T. Hudson, LL.D.Cantab., and P. H. Gosse, F.R.S. Part II.

PENTLAND, YOUNG J., Edinburgh.
Atlas of Venereal Diseases. By P. H. Maclaren, M.D., F.R.C.S.E. Fasc. IV.

ROKKER, H. W., Springfield, Illinois.
Seventh Annual Report of the State Board of Health of Illinois. With an Appendix. pp. 613.

SMITH, ELDER, & Co., Waterloo-place, London.
St. Bartholomew's Hospital Reports. Edited by W. S. Church, M.D., and John Langton, F.R.C.S. Vol. XXI. pp. 312-103.
The Two Foundations of St. Bartholomew's Hospitals, A.D. 1123 and A.D. 1546. By Morrant Baker, F.R.C.S. pp. 43.

STYLES & CASH, New York.
Essentials of the Physical Diagnosis of Thoracic Diseases. By E. Darwin Hudson, jun., A.M., M.D. pp. 63.

THIN, J., Edinburgh.
Remarks on the Epidemic of Measles in Sunderland. By H. Drinkwater, M.D., C.M., &c. pp. 68.

TRÜBNER & Co., Ludgate-hill, London.
Puerperal Convulsions and the Diseases of the Puerperal Period. By Joseph Kucher, M.D. pp. 311.

VAIL, J. H., & Co., New York.
The Laws and Mechanics of Circulation, with the Principle involved in Animal Movement. By W. H. Triplett, M.D. pp. 516, with numerous Illustrations.

WARNE, F., London and New York.
Food and Feeding. By Sir Henry Thompson, F.R.C.S., &c. With an Appendix. Fourth Edition, Considerably Enlarged. pp. 174.

Diphtheria and its Management; by J. E. Winters, M.D.—An Experimental and Clinical Study of Air-Embolism; by N. Senn, M.D. (Collins, Philadelphia.)—Our Duty towards Animals; by Philip Austin.—Le Vaccin de la Fièvre Jaune; par Dr. Domingos Freire.—Transactions of the Medical and Chirurgical Faculty of the State of Maryland, 1885.—Lectures on the Care and Treatment of the Insane, for the Instruction of Attendants and Nurses; by W. C. Williamson, M.D. Parramatta.—Examinations of the Auditory Organs of School Children; by Dr. F. Bezold of Munich.—Kystes Tumeurs perlées et Tumeurs Dermoïdes de l'Iris; par Prof. E. Masse. (Masson, Paris.)—Index Medicus, Vol. VIII., No. 1.—The Art of Primary Union; by Frank H. Hamilton, M.D.—Das Polarisirte Licht; von Dr. Med. J. Pohl-Pincus. (Grosser, Berlin.)—Zur Aetiologie der Skoliose; von Dr. Felix Schenk. (Heinecke, Berlin.)—A Universal System of Shorthand; by W. J. O. Michell.—The Climate of South Central Florida; by J. M. Keating, M.D.—Traitement des Collections Purulentes du Foie; par le Dr. Eugène A. Caravias.—Good Words, Sunday Magazine, Leisure Hour, Sunday at Home, Boy's Own Paper, Girl's Own Paper, March.—Progress of Electrolysis in Surgery; by Robert Newman, M.D.

Medical Diary for the ensuing Week.

Monday, March 8.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10.30 A.M., and each day at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1.30 P.M., and each day at the same hour.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.; Tuesdays, same hour.
CHELSEA HOSPITAL FOR WOMEN.—Operations, 2.30 P.M.; Thursday, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Frederick Treves: On the Anatomy of the Intestinal Canal and Peritoneum in the Mammalia.
SOCIETY OF ARTS.—8 P.M. Mr. Boverton Redwood: Petroleum and its Products (Cantor Lecture).
MEDICAL SOCIETY OF LONDON.—8.30 P.M. Cases of Aneurysm of the Aorta by Drs. W. H. White, F. de Havilland Hall, and Gilbart Smith.

Tuesday, March 9.

GUY'S HOSPITAL.—Operations, 1.30 P.M., and on Friday at the same hour. Ophthalmic Operations on Mondays at 1.30 and Thursdays at 2 P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M.; Friday, 2 P.M.
CANCER HOSPITAL, BROMPTON.—Operations, 2.30 P.M.; Saturday, 2.30 P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2.30 P.M.
ROYAL INSTITUTION OF GREAT BRITAIN.—3 P.M. Prof. Arthur Gamgee: The Function of Circulation.
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8.30 P.M. Mr. J. Bland Sutton: A case of General Seborrhœa or "Harlequin Fœtus."—Dr. Paul Chapman: On Cardiography, with special reference to the Relation of the Time of Duration of Ventricular Systole to that of Diastolic Interval.—Dr. Hebb: A case of Tuberculosis of the Skin.
ANTHROPOLOGICAL INSTITUTE OF GREAT BRITAIN AND IRELAND.—8.30 P.M. Dr. J. G. Garson: Exhibition of Instruments for Anthropometric Research.—Mr. Arthur J. Evans: The Flint-Knappers' Art in Albania.—Mr. W. H. Penning: Notes on a few Stone Implements found in South Africa.—Mr. Bruce Foote: Notes on some Prehistoric Finds in India.

Wednesday, March 10.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour. Ophthalmic Operations, Tuesdays and Thursdays, 1.30 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Saturday, 2 P.M. Skin Department, 1.45 P.M.; Saturday, 9.15 A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M., and on Saturday.
KING'S COLLEGE HOSPITAL.—Operations, 3 to 4 P.M.; and on Friday, 2 P.M.; and Saturday, 1 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Frederick Treves: On the Anatomy of the Intestinal Canal and Peritoneum in the Mammalia.
SOCIETY OF ARTS.—8 P.M. Mr. E. Price Edwards: The Experiments with Lighthouse Illuminants at the South Foreland.
HUNTERIAN SOCIETY.—8 P.M. Dr. Arthur Davies: Four Cases of Cerebellar Disease.—Dr. Turner: On Arteritis.—Mr. Symonds: Histological Characters of Diphtheritic Membrane.
EPIDEMIOLOGICAL SOCIETY OF LONDON.—8 P.M. Sir Wm. R. B. Smart: Cholera Epidemics in Ships and Fleets.
ROYAL MICROSCOPICAL SOCIETY.—8 P.M. Mr. A. D. Michael: Life History of an Acarus, one stage whereof is known as Labidophorus talpæ, and upon an Unrecorded Species of Disparipes.
BRITISH GYNÆCOLOGICAL SOCIETY.—8.30 P.M. Specimens will be shown by Dr. Bantock, Dr. Barnes, Mr. Lawson Tait, and others. Mr. Lawson Tait: Notes on two cases of Porro's Operation.

Thursday, March 11.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Surgical Consultations, 1.30 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION OF GREAT BRITAIN.—3 P.M. Prof. W. Boyd Dawkins: The Ancient Geography of Britain.
SOCIETY OF ARTS.—8 P.M. Mr. Leon Warnerke: Films and Paper as Substitutes for Glass in Photography.
OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—8.30 P.M. Report of Committee on Sympathetic Ophthalmitis.—Mr. Priestley Smith: On Primary Glaucoma in Relation to Age.—Dr. Bristowe: Hæmorrhage into the Brain attended with Optic Neuritis.—Mr. W. H. Jessop: (1) A New Pupillometer; (2) On Herpes Frontalis affecting the Eye.—Mr. W. Adams Frost: A New Model showing the Movements of the Eye.—Mr. W. Lang (for Dr. J. W. Barrett): A New Microtome.—Dr. Argyll Robertson: On the Operation of Central Blepharoraphy.—Dr. L. Werner: On so-called Central Guttate Choroiditis.—Mr. R. Brudenell Carter: Two New Forms of Perimeter. Living and Card Specimens at 8 P.M.

Friday, March 12.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1.30 P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Frederick Treves: On the Anatomy of the Intestinal Canal and Peritoneum in the Mammalia.
CLINICAL SOCIETY OF LONDON.—8.30 P.M. Dr. Roderick Maclaren (Carlisle): Hernia Cerebri successfully treated by closing the opening in the Skull with a Silver Plate.—Drs. Whipham and Myers: On some Chronic Nervous Sequelæ of Small-pox, especially as affecting the Speech (illustrated by living specimens).—Dr. Samuel West: A case of Baruria in a Woman.—Mr. Jonathan Hutchinson: A case of Necrosis of the Lower Jaw from the medicinal use of Phosphorus.—Dr. Ewart will exhibit a Modification of the Binaural Stethoscope suited for Differential Observations.
ROYAL INSTITUTION OF GREAT BRITAIN.—9 P.M. Mr. Reginald Stuart Poole: The Discovery of the Biblical Cities of Egypt.

Saturday, March 13.

MIDDLESEX HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION OF GREAT BRITAIN.—3 P.M. Mr. Edward B. Poulton: The Nature and Protective Use of Colour in Caterpillars.

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET Office, March. 4th, 1886.

Date.	Barometer reduced to Sea Level and 32°F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Max. Temp. Shade.	Min. Temp	Rain fall.	Remarks at 8.30 A.M.
Feb. 26	30·23	N.E.	31	Froz.	...	40	28	...	Cloudy
,, 27	30·31	S.E.	32	Froz.	...	40	30	...	Foggy
,, 28	30·17	E.	33	Froz.	...	34	31	...	Overcast
Mar. 1	29·82	S.E.	33	33	...	41	30	...	Overcast
,, 2	29·34	W.	37	35	...	42	32	·30	Cloudy
,, 3	29·41	N.E.	33	Froz.	...	36	33	...	Overcast
,, 4	29·88	W.	30	Froz.	...	...	27	...	Hazy

Notes, Short Comments, & Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editor."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for publication or private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe or recommend practitioners.

Local papers containing reports or news-paragraphs should be marked.

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "To the Publisher."*

APPLICATION OF IODOFORM IN DIPHTHERIA.

DR. A. F. RICHMOND of Greenock writes to say that he has cured a very severe case of diphtheria by means of iodoform only. It was applied to the patches on the palate and the fauces (with a camel-hair pencil moistened with mucilage) three times a day. The child also inhaled vapour of iodoform whenever he suffered from dyspnœa, and was invariably relieved by it. The vapour was produced at the lowest possible temperature, so as not to change its chemical and curative properties. The child was unable to swallow for two days previously to being seen by Dr. Richmond, and within half an hour of the application of the iodoform he was able to take a little milk, and afterwards continued to drink with ease. The tongue became clean, and remained so. The child cut three teeth during his illness (which lasted thirteen days) and was slightly salivated towards the termination of the complaint. The salivation was, however, only a little more than might take place in a perfectly healthy child when teething. There was no hyperpyrexia, and the muscular nerve-twigs were not affected; consequently he has had no paralytic symptoms, and is now in good health. Dr. Richmond has also been using iodoform with marked benefit in the treatment of various other complaints—viz., phthisis, erysipelas, herpes, burns, and scalds.

Mr. S. C. Biswas.—It has long been recognised that attacks of asthma may be excited by gastric disorder. See Hyde Salter on Asthma, and Sir Andrew Clark in the *International Journal of Medical Science*, Part I., just published.

Dr. Charteris is thanked. The matter scarcely needs comment.

PITYRIASIS CAPITIS.

To the Editor of THE LANCET.

SIR,—I should be glad to hear from any of your readers of a remedy, or treatment that would be likely to prove successful, in a case of pityriasis capitis. The patient, a healthy young woman, has had the disease two years, and has been treated almost constantly during that time.

I am, Sir, yours truly.

Lakefield, Ont., Feb. 15th, 1886. WM. CALDWELL, M.D.

"USE OF IODIDE OF POTASSIUM IN ANEURYSM."

To the Editor of THE LANCET.

SIR,—I observe a letter under the above heading in your issue of to-day (p. 431), by Mr. Lawson Tait. I was always under the impression that heroic doses of the iodide in aneurysm were first employed by Dr. G. W. Balfour of Edinburgh.

I am, Sir, yours faithfully,

Manchester, Feb. 27th, 1886. AN EDINBURGH GRADUATE.

THE ABUSE OF PROVIDENT DISPENSARIES.

Medicus writes to the *Manchester Guardian* complaining of the serious injury done by so-called provident dispensaries which have no proper limit of wages in their conditions of membership. We need not say that we entirely agree with our correspondent.

A Surgeon.—Daniel Oliver's little book (Macmillan); Gerrard's Elements of Materia Medica and Pharmacy (Lewis).

CONSULTING PHYSICIANS' FEES.

To the Editor of THE LANCET.

SIR,—Would you oblige an old subscriber by inserting the following particulars in your columns, as I should be glad of your opinion and that of others in the matter.

Mr. A., a clergyman, aged forty (a curate, but with some private means), who has been lately taking duty in the neighbourhood of London, and had consulted me once or twice, called in January to know if, in my opinion, he was in a fit state of health to accept some clerical duty which had been offered him in Edinburgh. I examined him carefully; and as his lungs were perfectly sound, and he had, in short, no organic mischief whatever, but was clearly hypochondriacal, I urged him to go, telling him the bracing climate would probably set him up, and that, in my opinion, the worst thing he could do was to go on doctoring, as I knew he had been taking remedies for the last six or seven months. He then told me the following history, and I use the *ipsissima verba*. On coming to reside near London in July, he went into a chemist's at the West-end, and asked the name of a good consulting physician. He called on the one recommended, and saw him again the next week. Mr. A. then told him that his income would prevent his paying many visits; but would Dr. ——, he asked, see him twice for the guinea? "Certainly," was the reply, "if Mr. A.'s case proved to be a lengthened one." At the end of the fifth visit, nothing being said as to the reduction of the fee by Dr. ——, Mr. A. reminded him of his kind promise. The following is stated to be his reply: "Oh, I have considered the matter, Mr. A., and I am very sorry that I cannot reduce the fee in your case; but I will do this for you—I will give you extra time for the money, and you can pay me half the fee at the time, and let the other half remain for the present." Mr. A., by his own confession, evidently acquiesced in this, feeling, he said, "he was in the doctor's hands." So matters went on until January, Mr. A. going weekly to see Dr. ——, and in a certain week paying two visits. On receiving the Edinburgh offer, he asked Dr. —— about it. The following is the reply stated to be given: "Edinburgh will not do at all for you; it is too bleak, and you would be very liable to have bronchitis. Besides, who is to look after you as I do if you go there? You see, Mr. A., you are only three-quarters well, and the best thing you can do is to reside near and stay until you are quite recovered. Mr. A., as I have stated, then called to see me, to hear my opinion, which I gave him. Mr. A. also stated that Dr. —— wished particularly to see him the next week, as he had altered the prescription. On examining it, I found the change made in the tonic to be syr. zingib. *vice* syr. limonis. On hearing the above, I requested Mr. A., for his own satisfaction, to see one of the first London consultants, and he consented to do so. I need hardly say, my opinion of Mr. A.'s case was corroborated word for word; and I advised Mr. A. to send half-a-guinea to Dr. ——, which was due, and strongly advised him to pay no more visits. The half fee was sent, and Mr. A. received the following letter and enclosure from Dr. ——.

—— street, —— square, W., Feb. 17th, 1886.

DEAR SIR,—Thanks for your note enclosing half fee. I am very glad to find by your letter that you are so much better in health, though I fear you are quite well [*sic.* Let us hope the word "not" has been accidentally omitted.] I expected to have seen you as usual, in accordance with our agreement. I have asked my clerk to send you the number of half fees still owing, so that there may be no mistake. (You paid the usual fee, £1 1*s.*, up to 31st of August.)—I am, yours very truly,

—— street, —— square, W.

Items of the Rev. ——'s account with Dr. ——.
From Sept. 10th, 1885, to Feb. 5th, 1886.

26 visits paid	£27	6	0
11 fees paid	11	11	0
	£15	15	0
By cheque	0	11	0
	£15	4	0

Now, Sir, I should wish to ask: (1) Can a consulting physician recover fees? (2) Considering the particulars of the above case (it being remembered, too, that Dr. —— consented to take half fees if the case was a long one), is my patient morally bound to pay the balance of £15 4*s.*, even though he acquiesced in the proposal? I tell him he need not fear being legally sued for the amount; but he does not desire to do anything shabby in the matter.

I enclose my card, but for obvious reasons sign myself at present

Yours obediently,

London, Feb. 19th, 1886. SUBURBAN.

*** 1. A member of the College of Physicians is prevented by the bye laws of his College from taking legal measures for the recovery of fees.—2. Supposing the above to be an accurate account of this matter—it is, of course, one-sided,—the patient is not morally bound to pay the balance.—ED. L.

INCREASE OF POPULATION IN THE EUROPEAN STATES.

ENOUGH is already known of the result of the German census, taken on December 1st last, to enable German statisticians and publicists to institute comparisons and draw inferences as to the relative growth of population in the various countries of Europe. During the last five years the population of Prussia has increased by 3·79 per cent. This is not as high a rate as during the preceding quinquennial periods. During the eighteen years from 1867 to 1885 the population of Prussia had increased by 17·87 per cent., which gives an annual average increase of 0·918 per cent. The annual rate of increase in Austro-Hungary during the eleven years from 1869 to 1880 (no later figures are available) was only 0·49. In Italy the annual increase for the decade 1871-81 was 0·60 per cent. In France (omitting Algiers and the colonies) the annual rate of increase for the fifteen years from 1866 to 1881 was 0·15 per cent. In Great Britain and Ireland, for the decade from 1871 to 1881, the annual increase was 1·01 per cent. In European Russia, including Finland and the Don Cossacks, in the thirteen years from 1867 to 1880, the average annual increase was 1·38 per cent.

Mr. B. M. H. Rogers.—We are acquainted with the facts of the case, and do not see that a charge of injustice can be maintained.

M.B., L.R.C.S.E. has not enclosed his card.

"MONTROSE SANITARY DISTRICT."

To the Editor of THE LANCET.

SIR,—I hope you will excuse the liberty I am taking, but I cannot help thinking you have been rather too severe on the report of my friend, Dr. Lawrence, of Montrose. Perhaps, however, you are not aware of the position we medical officers of health hold in the North Country, nor the salaries we get. We are, with the exception of Glasgow, Aberdeen, and Edinburgh, all in private practice. Dr. Lawrence has the magnificent salary of £12 for looking after the health of a town of more than 16,000 inhabitants. Surely his report at least equals his salary. My salary for acting as medical officer of health and police surgeon is the princely sum of £10, for which I am expected to do all a police surgeon's duties and attend to the health of nearly 16,000 inhabitants.

I remain, Sir, yours truly,

Forfar, Feb. 27th, 1886. WILLIAM F. MURRAY.

*** We entirely concur with our correspondent as to the inadequacy of the salary referred to, but we must hold that if an officer accepts a post involving the performance of certain generally accepted duties, those duties should be performed and the report of the proceedings of the officer should give evidence that they are performed. So also, the fact of the post having been accepted at an inadequate salary should not be urged as a reason to the contrary. In the case in question we would express no opinion as to the duties not having been performed, but we fail to find evidence of it in so far as the report is concerned.—ED. L.

Nux Vomica.—The graduate of a foreign university has a right to use his title, though his degree is not registrable.

Mr. G. V. Eales.—The paper is marked for insertion.

THE PUBLIC HEALTH ACT.

To the Editor of THE LANCET.

SIR,—Some years since I drew attention to the omission in the Public Health Act referred to by Mr. J. B. Johnson-Ferguson in the House of Commons on the 23rd inst., *vide* "Notes in Parliament" in your issue of the 27th ult. In order to provide a remedy, so far as my own district was concerned, I obtained the insertion of the following brief clause in the Birkenhead Corporation Act, 1881:—"80. The provisions contained in section 126 of the Public Health Act, 1875, shall apply to any person, being in charge of any infectious dead human body, who exposes such body."

I am, Sir, yours truly,

Birkenhead, March 2nd, 1886. FRANCIS VACHER.

Ouch.—1. The case is one for consideration rather than for absolute gratuitous attendance.—2. Any reasonable sign or indication of a medical residence for the benefit of those in search of it at night is kind, but garishness is to be avoided.

Dr. Illingworth.—We fear we shall be unable to find room for the letter.

A CURIOUS CASE OF TRIPLE PREGNANCY.

To the Editor of THE LANCET.

SIR,—The following case may be sufficiently interesting to place before your readers.

Mrs. T—— was delivered three months ago of a healthy male child. For four days all went well. On the evening of the fourth day intense labour pains set in, and a substance the size of a pigeon's egg was expelled from the vulva. On examination, this proved to be twins, in a perfectly healthy state. The patient made a good recovery, and three months afterwards the first-born child was healthy and well. This was the patient's first pregnancy.—I am, Sir, yours obediently,

Seven Sisters-rd., N., March 1st, 1886. HAYGARTH ADDISON, L.F.P.S.

THE SHEERNESS MEDICAL BENEFIT SOCIETY.

WE have received a very glowing account of the first annual meeting of the above Society. The financial statement contained in the *Sheerness Guardian* is, however, very far from clear, reading as though the medical officers received £4307 19*s.* 4*d.*, which we assume to be not the true reading.

B. M.—1. Our correspondent is well entitled to the fee he mentions; but the case is one of those cross cases which it is not desirable to take into a court. The mere want of concord between two professional men is an unseemliness which should not be exposed. He will do well to take no notice of the slanderous story. 2. A few drops of tincture of opium with hot fomentations are often the best treatment for a rigid os. The more difficult question in such cases is the administration of ergot, which comes in best when the passages are well dilated.

Mr. G. R. Williams is referred to our advertising columns for the only information we possess on the subject.

Surgeon-Major Gray.—Soon.

THE NEW COLLEGE OF SURGEONS AND PHYSICIANS.

To the Editor of THE LANCET.

SIR,—At the ceremony of laying the foundation-stone of the new College of Surgeons and Physicians by Her Gracious Majesty the Queen I think that a portion of the ground around it should be set aside for medical students, so that we might by our numbers show how much we appreciate the great honour conferred upon us by Her Majesty. Admittance could be by tickets issued at the different hospitals; and I am sure the students would willingly pay a small sum for them, which would defray the expenses. If desired, I feel certain it would be possible to form a guard of honour of those students who are members of the Artists' and other Volunteer corps.

I remain, Sir, yours obediently,

Guy's Hospital, March 1st, 1886. A. RAMSEY LACEY.

Zeno of Elea.—The attention of the corporations whose diplomas are held by the individual should be called to the circular.

W. H. O. may refer to an article on the subject in THE LANCET, March 13th, 1875; also to the number for July 14th, 1883, page 88.

H. Rust.—We cannot insert an appeal without authentication.

Dr. Samson.—If possible, next week.

SAFETY IN DISPENSING MEDICINES.

To the Editor of THE LANCET.

SIR,—The following is a very simple and, I believe, satisfactory way of reducing to a minimum the dangers of dispensing poisons. Over the corks or stoppers of all the poisons put a closely-fitting capsule (it can be made of common strong paper), which must be removed before the cork or stopper, thus rendering two operations necessary before the drug be dispensed. Dispensers, no matter how busy, will find this check but a trifling inconvenience. Extra business is not, in my opinion, the chief cause of these lamentable mistakes being made. It is probably more likely due to the fits of abstraction the mind is apt to fall into, and which must be very great indeed to get the better of this precaution.

I am, Sir, faithfully yours,

March 1st, 1886. SAMUEL CONSTABLE.

Æ.—The question is legal rather than medical; but our correspondent, we should say, has a strong claim on the parties who sent for him, and on one occasion paid him.

T. G. P. should make application to C. P. Wilson, Esq., St. Katharine's Dock House, Tower-hill.

Dr. R. Diaz Baros (Madrid).—Thanks. We will bear the application in mind.

COMMUNICATIONS not noticed in our present number will receive attention in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Pavy, London; Dr. Charteris, Glasgow; Dr. Spender, Bath; Mr. Jalland, York; Dr. Shuttleworth, Lancaster; Mr. Clement Lucas; Dr. Clouston, Edinburgh; Dr. Suckling, Birmingham; Mr. Stephen Paget, London; Mr. W. Coates, Manchester; Dr. Caldwell, Lakefield; Mr. Cooney, London; Mr. Partridge, Stroud; Mr. Clarke, Leicester; Mr. Biswas, Oxford; Mr. Benthall, Twickenham; Dr. Thompson, Bideford; Dr. J. Adam, London; Dr. W. H. Stone, London; Dr. F. S. Gramshaw, Stillington; Dr. Newman, New York; Dr. Lewers, London; Mr. H. Addison, London; Dr. Cory, Buckhurst Hill; Professor Humphry, Cambridge; Dr. W. F. Murray, Forfar; Mr. Francis Vacher, Birkenhead; Mr. F. H. Wigmore, London; Mr. Gubb; Mr. C. Williams, Norwich; Mr. Symonds, London; Dr. Herschell, London; Mr. W. A. Holmes; Mr. Hadaway, Garlinge; Dr. Rentoul; Messrs. Steele and Ellis, London; Dr. Rayner, Hanwell; Mr. Sampson Gamgee, Birmingham; Mr. Stott, Colney Hatch; Mr. Myrtle, London; Mr. V. Horsley, London; Mr. T. D. Pryce, Newtown; Dr. J. Gordon, East Linton; Dr. Barea, Madrid; Dr. Williamson, Ventnor; Dr. Pollock, London; Dr. Fowler, London; Mr. Harper, Barnstaple; Dr. W. F. Wade, Birmingham; Mr. A. J. Harvey; Messrs. Hall and English, Birmingham; Dr. Ward, Oxford; Mr. Collins, London; Mr. Scott, Manchester; Dr. Adam, West Malling; Dr. Benton; Messrs. Smith and Elder, London; Mr. Graham, Bristol; Mr. Hunter; Mr. Luck, Finsbury; Dr. Hammond, London; Messrs. Govan and Co., Tunbridge; Mr. St. Dalmas, Leicester; Miss Dendy, Newport; Mr. Hope, London; Miss Andrews, Jersey; Dr. Murrell, London; Mr. Dennys, Southampton; Dr. Meldon, Belfast; Mr. Peel, Dover; Mr. Martindale, London; Mr. Running, Hackney; Mr. Drake, Exeter; Mr. Beldon, Dublin; Mr. Bramwell, Staffs.; Mr. Cole, Holywell; Messrs. Wyers and Co., Dublin; Mr. Pike, Malvern; Mr. Lawrence; Mr. Soper, Dartmouth; Mr. D. Maguire, London; Dr. Brailey, London; Mr. T. Holmes, London; Mr. A. W. Renton, London; Mr. Curnham Corner, London; Dr. Whitham, Haworth; Mr. Barlow, Dalston; Dr. Neale, London; Mr. H. Mallins, Watton; Dr. Rogers, London; Mr. Unswick, Liverpool; Messrs. Negretti and Zambra; Mr. L. Humphry, Cambridge; Owl; Nux Vomica; Zeno of Elea; B. M.; Asylum; Lizadell, West Brighton; Pendavey, Sladesbridge.

LETTERS, *each with enclosure*, are also acknowledged from—Dr. Little, Liverpool; Messrs. Roberts and Co., London; Mr. Bottomley, Ashton-under-Lyne; Dr. Marsh, Hindley; Mr. Sampson, York; Mr. Sinclair, South Shields; Messrs. Nelson and Sons, Leeds; Messrs. Smith and Son, Dublin; Mr. Jordan, Birmingham; Mr. Guest; Mr. Twyford, Hanley; Messrs. Gorham and Co., Tonbridge; Messrs. Woolley and Sons; Mr. Ward, London; Dr. Ritchie, Ottley; Mrs. Tarrette, Bristol; Mr. Mason; Mr. Pearce, Collyton; Mr. Hambly, Bristol; Mr. Adams, Ipswich; Mr. Herbert, Denbigh; Mr. Biore, Leeds; Mr. Heywood, Manchester; Mr. Brown, Tredegar; Dr. Eberle, Thirsk; Mr. Rhodes, Manchester; Mr. Bennett, Haverfordwest; Mr. Dunlop, Southampton; Dr. Hedley, Gosforth; Mr. Crawhall, Durham; Dr. Wilson, Liverpool; Station; G. C.; Viator; T., Llanfair; Homo, Devonport; Colonial Agency, London; Gordon, Grantham; Q. P.; Max; Juno, Huddersfield; Medicus, London; Inquirer, Limerick; Medicus, Great Harwood; M.R.C.S., Ilford; H. P., Notts; X. Z.; Medicus, Minchinhampton; A. B. J., Haydon Bridge; Medicus, Bath; Delta; D. H., Brighton; T. G. A.; Medicus, Southsea; Studens, Newcastle-on-Tyne; Surgeon, Battersea; A. B. C., Herne Hill; Rita; Surgeon, Chelmsford; Alpha, Wakefield.

Liverpool Echo, Waterford Mail, Hampshire Post, Manchester Guardian, Pulman's Weekly News, Invention, Wellington Weekly News, Kensington News, Bangalore Daily Post, Scotsman, Strathearn Herald, Hull Daily News, Leeds Mercury, Review, The Heretic, &c., have been received.

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